

RHMR Backfill Out of Rank Pre-Approval Request

Contract #: _____ Contract Agency: _____

Requester Name: _____ Date of request: _____

Email: _____ Telephone: _____

Training/Exercise/Conference: _____

#	Student Name	Rank	Replacement Name	Replacement Rank	Date(s)	Anticipated Costs	FOR CALOES USE ONLY	
							Approved	Not Approved
1.							<input type="radio"/>	<input type="radio"/>
2.							<input type="radio"/>	<input type="radio"/>
3.							<input type="radio"/>	<input type="radio"/>
4.							<input type="radio"/>	<input type="radio"/>
5.							<input type="radio"/>	<input type="radio"/>
6.							<input type="radio"/>	<input type="radio"/>
7.							<input type="radio"/>	<input type="radio"/>
8.							<input type="radio"/>	<input type="radio"/>
9.							<input type="radio"/>	<input type="radio"/>
10.							<input type="radio"/>	<input type="radio"/>
Total								

Submit request for pre-approval to: RHMR@caloes.ca.gov
For questions please call: (916) 845-8711

Approved by: _____ Date: _____