Howell County Sheriff's Office State of Missouri ORI 0460000	INDIVIDUAL TRAINING RECORD	FORM 128

LEO Information

Last Name	First Name	MI.	OSN	From **Reporting period*	To **Reporting period*	Reporting Year

Total Hours **Hours in excess of the mandated core requirement, will be considered and added to the elective hour(s)*

Interpersonal Perspectives	Legal Studies	Technical Studies	Skill Development - *Firearms	Electives	Topic Areas
Hours:	Hours:	Hours:	Hours:	Hours:	Hours:

Training Codes **All alternate continuing education must have an approved MoDPS supporting document, i.e. a letter of approval*

POST Approved PA	College Course CC	Courses Taught CT	Military Training MT

Training Record **Utilize the continuation page if necessary*

Course Title	Provider	Date	Topic Area	Core	Code	Hours

LEO Affirmation

By signing, I do solemnly swear or affirm that the above information is true to the best of my knowledge. Furthermore, I understand it is unlawful to file a false declaration or report IAW 575.060 & 575.080.	Signature **Submitting LEO* ▶	Date	Time

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