**Please Email Completed Request to** [**KLECS@KY.Gov**](file:///C%3A%5CUsers%5Cmbeck%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C2Q2M50G9%5CKLECS%40KY.Gov)

Extenuating Circumstance Request for Telecommunication Training Extension

*The following form must be completed by a supervisor or responsible party that oversees the training requirements for your agency. By providing this request you are ensuring that all information is correct and accurate. Please note that a telecommunicator who fails to successfully complete their required training as outlined in KRS 15.560…15.565, and does not have extenuating circumstances, shall be terminated by the employing agency and shall not be permitted to serve as a telecommunicator with any governmental agency in the Commonwealth for a period of one (1) year.*

**Date of Request** - Click or tap here to enter text. **Agency Name** - Click or tap here to enter text.

**Telecommunicator Needing Extension** - Click or tap here to enter text. **Date of Birth** - Click or tap here to enter text.

**1) Needed training is related to (Mark all that apply):** [ ]  Annual Inservice [ ]  Basic Academy

 [ ]  Prior Extension Request [ ]  Other- Explain: Click or tap here to enter text.

**2) Date of last completed in-service** - Click or tap here to enter text. **Course title** - Click or tap here to enter text.

**3) Was there certified training available at the time of this request?** [ ]  No [ ]  Yes

 **If yes, please explain why not enrolled -** Click or tap here to enter text.

**4) Is this request related to military leave?** [ ]  No [ ]  Yes **(If yes, go to #8)**

**5) What date(s) was the telecommunicator unavailable to attend certified training due to an injury, illness, caretaker need or other extenuating circumstance?**

**Provide All Dates -** Click or tap here to enter text.

 **Please provide explanation of circumstance that created extenuating circumstance –**

Click or tap here to enter text.

**6) What date(s) was the telecommunicator unavailable to work due to an injury, illness, caretaker need or other extenuating circumstance?**

**Provide All Dates -** Click or tap here to enter text.

 **Please provide explanation of circumstance that created extenuating circumstance –**

Click or tap here to enter text.

**7) Please list all certified courses and dates, that your agency attempted to enroll this telecommunicator into certified training -**

**Provide Course Title(s) and Dates(s) -** Click or tap here to enter text.

**Please provide explanation for time that the telecommunicator was denied or unable to be enrolled-** Click or tap here to enter text.

**8) What date are you requesting that the telecommunicator have all required training completed by?** (No more than 180 days can be approved) Extend to the following date **-** Click or tap here to enter text.

***Name of Individual Making Request -*** Click or tap here to enter text.***Title -***Click or tap here to enter text.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***-----TO BE COMPLETED BY KLECS-----***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Does the agency articulate an extenuating circumstance?** [ ]  No [ ]  Yes **# Weeks / Months -** Click or tap here to enter text.

**Was training available outside of the extenuating circumstance time frame?** [ ]  No [ ]  Yes

**Could the employing agency have reasonably enrolled the individual in certified training outside of the described extenuating circumstance(s)?** [ ]  No [ ]  Yes

**Is there available training at the time of this extension request?** [ ]  No [ ]  Yes

**Does the training delinquency involve multiple years?** [ ]  No [ ]  Yes

**Delinquent Year(s) / Hours Needed per Year -** Click or tap here to enter text.

**Extension is approved?** [ ]  No [ ]  Yes **Date the extension is granted through -** Click or tap here to enter text.

**Executive Director -** Click or tap here to enter text. **Date -**  Click or tap here to enter text.