

SCHOOL REQUEST

To: Training  
From: Deputy COURTNEY FAEVE  
Ref: Request for Training Approval

Date: Oct 12, 2016  
Division: Patrol

This memorandum is my official request to attend the below-described training school:

Course Title: Human Trafficking / Sexual Assault  
Location: 2226 Switzer Rd Gulfport, MS  
School Date: From Oct 21, 2016 - 8a.m. To Oct 21, 2016 - 5p.m. Tuition: \$ 0.00

Training Will Be At:  Department's Expense  Employee's Expense

Justification for Training Request:

To continue my education.

A copy of the course outline describing the type of school, tuition, and other related materials must accompany this request.

Courtney Faev  
Requesting Officer Signature

All requests to attend a training school must be submitted and approved by your Shift or Division OIC, or Division Captain before submission to the training section.  Approved  Disapproved

Chad C. Salted  
Shift OIC, Division OIC, or Division Captain's Signature

If disapproved, the Supervisor or OIC should note the reason(s) for the disapproval:

\_\_\_\_\_  
\_\_\_\_\_

Training Office Use Only

Total Estimated Cost of Training | Tuition: \$ 0 Per Diem: \$ 0  
\$ 0 | Housing: \$ 0 Transportation: \$ DEPT. VEHICLE

[Signature]  
Approved by Training OIC | \_\_\_\_\_  
Disapproved by Training OIC

If disapproved, the Training OIC should note the reason(s) for disapproval:

\_\_\_\_\_  
\_\_\_\_\_

JEC  
Approved by Division Major | \_\_\_\_\_  
Disapproved by Division Major

[Signature]  
Approved by Sheriff | \_\_\_\_\_  
Disapproved by Sheriff

TO EMPLOYEE: Your request for training has been  APPROVED  DISAPPROVED

If approved, your training orders will be forwarded to you.

**Date:** October 19, 2016 from 8:00 am -- 5:00 pm  
**Hosted by:** U.S. Department of Homeland Security and National Emergency Response & Rescue Training Center  
**Location:** MS Emergency Management Agency, 23<sup>rd</sup> Ave. Gulfport, MS  
**Cost:** \$FREE

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**Course:** Human Trafficking / Sexual Assault Courses / Victim Bill of Rights (multiple courses in 1 day training)  
**Date:** October 21, 2016 8:00 am – 5:00 pm  
**Hosted by:** MS Attorney General  
**Location:** 2226 Switzer Rd. Gulfport, MS 39507, Student Services Building, Room U202  
**Cost:** \$FREE

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**Harrison County Law  
Enforcement Training Academy**  
1400 Leggett Dr.  
Biloxi, MS 39530  
*Office: (228)435-3165*  
*Fax: (228)435-3166*  
[tonix.eliass@harrisoncountysheriff.com](mailto:tonix.eliass@harrisoncountysheriff.com)



Connected to Microsoft Exchange

REGISTRATION FORM  
FAX



TO: Pat McNamara

FAX: 601-576-4445

RE: Certified Law Enforcement Training

Yes, I plan to attend the October 21, 2016 training at 2226 Switzer Road, Gulfport, MS 39507 (Student Services Building, Room U202).

Please print the following information: **ONE REGISTRATION FORM PER PERSON**

NAME Courtney D. Faure

POSITION/TITLE Deputy

AGENCY Harrison County Sheriff Office

ADDRESS 10451 Larkin Smith

Gulfport, MS 39503

EMAIL ADDRESS: Courtney.Faure@harrisoncountysheriff.com

TELEPHONE NUMBER(S) 228-649-1529 / 228-896-3000

FAX NUMBER 228-896-0623

Attendees will be chosen on a first come, first serve basis.

Please return by **October 18, 2016** to the above fax number, email, [pmcna@ago.state.ms.us](mailto:pmcna@ago.state.ms.us), or mail to Pat McNamara, MS Attorney General's Office, Bureau of Victim Assistance, P. O. Box 220, Jackson, MS 39205.

After submitting a Registration Form, we request that you contact us immediately should you be unable to attend. This will allow us to make the necessary adjustments so we can continue to offer