INSTRUCTIONS

- This form must be completed by a presenter of a POST certified training course to request authorization for training presentation that is less than or greater than the minimum or maximum enrollment of POST students, excess equipment purchases, excess presentation costs, or requesting to host an extra presentation.
- **DO NOT** complete the form below for equipment-only purchases from the contract agreement.
- DO NOT complete the form below for invoicing.
- · A separate form must be completed for each instance of an authorization request.
- Once approval has been received, submit completed form to the POST Program Manager for their approval.

SECTION A: AUTHOR	RIZATION INFORMATION			
1. PRESENTER		2. CERTIFIED COURSE TITLE		
3. COURSE CONTROL	NUMBER	4. COURSE PRESENTATION D	DATES MM/DD/YYYY	
		START:	END:	
SECTION B: TYPES OF AUTHORIZATION				
5. CHOOSE ONE				
Over Enrollment	Excess Equipment Purchases	□ Excess Presentation Cost	Excess Presentation Request	
□ Under Enrollment □ Reimbursement for Training of Non-Sworn Personnel (Management/Executive Director Course) Is this request before the submitted 21 days in advance? □ Yes □ No				
□ Other				
SECTION C: AUTHORIZATION/EXPLANATION				

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SECTION D: ATTESTATION

I attest that I am a duly authorized official of the herein-named presenter requesting reimbursement. To the best of my knowledge the information stated on this form is true, correct, and in conformance with Commission Regulations.

6. SIGNATURE OF AGENCY OR PRESENTER REPRESENTATIVE				7. DATE OF REQUEST (MM/DD/YYYY)	
8. NAME AND TITLE OF AUTHORIZED					
Name:		Title:			
9. PHONE		10. EMAIL			
11. ESTIMATE COST OF REQUEST	LESS AMOUNT	REMAINING IN CON	ITRACT =	REMAINING CONTRACT BALANCE	
\$	\$			\$	
SECTION E: POST PROGRAM MANAGER					
12. SIGNATURE OF PROGRAM MANAGER		13. DATE OF A	PPROVAL (M	M/DD/YYYY)	
14. PROGRAM MANAGER NOTES/COMMENTS					

SECTION F: POST BUREAU CHIEF				
15. SIGNATURE OF BUREAU CHIEF	16. DATE OF APPROVAL (MM/DD/YYYY)			
17. POST BUREAU CHIEF NOTES/COMMENTS				