Date

MEMORANDUM FOR: Name
Chief/Program Manager
Training Management Division

FROM: Sender's Name
Title & Agency

SUBJECT: Request for Modification(s) to the _____
_____Training Program

The (Name of Agency) _____ requests modification(s) to the above named program. In support of this request the following information is provided:

Additional information about the program modification process can be found in FLETC Directive 93-01. The TMD Program Manager's approval is required prior to scheduling new or modified programs.

Name of Program:

Agency POC:	Phone Number:

FLETC Category of Program:	Center Integrated Program (CIB)	☐ Center Basic (CB) ☐
	Agency Specific Basic (ASB)	☐
	Agency Advanced (AA)	☐

Have the proposed modification(s) been coordinated with the TMD Program Specialist responsible for this program? Yes ☐ No ☐

If yes, name of TMD Program Specialist _____ Date _____

If no, please contact the appropriate Program Specialist prior to submission of request. List of TMD Program Specialists

If the proposed modifications will impact FLETC provided resources (training facilities, classrooms, instructors, meals, lodging, etc.,) please complete the following items.

The modification(s) are expected to: Increase ☐ Decrease ☐ Not Sure ☐ Not Change ☐ the course and/or program costs (tuition and miscellaneous costs) by 10% or more.

Do the proposed modification(s): Extend ☐ Reduce ☐ Not Change ☐ the number of hours/days of training? Please list the number of hours/days of change. _____

In cooperation with the TMD Program Specialist, have discussions taken place with the impacted division(s)? Yes ☐ No ☐

If yes, please identify the division(s) and the POC who is familiar with the proposed modifications.

Describe proposed modification(s) in detail: *(Please be specific and include information by division(s), lesson plan titles, lesson plan numbers, number of hours of lecture, laboratory, practical exercise, etc.) (Attach a proposed model schedule) (A blank model schedule form is attached for your use.)*

Other FLETC training resources/facilities impacted: *(Please specify by division and type of facility)*

The new model schedule is requested to be implemented: Fiscal Year _____ Quarter _____

Additional resources required to support the modification(s):

Number of students in a class? _____

Is FLETC lodging requested to support new model schedule? Yes ☐ No ☐

Are FLETC provided meals requested to new model schedule? Yes ☐ No ☐
If yes, 3 meals a day/7 days a week ☐
3 meals a day/5 days a week ☐

Are there any special issues, such as a Congressional or Presidential initiative, associated with this request? Yes ☐ No ☐

If yes, please explain:

Attachments:

Proposed Model Schedule

cc: Name or Position