

MEMORANDUM FOR:

Chief/Program Manager
Training Management Division

FROM:

SUBJECT:

Request for Modification(s) to the _____
_____ Training Program

The _____ 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: