Semi-Automatic Pistol Transition Course

Training Summary

The Bureau of Training & Education, Firearms Unit will be conducting the following one day semi-automatic pistol transition training courses on 23 APR 18, 22 MAY 18 and 19 JUN 18. The trainings will be held from 0700 hours to 1500 hours at the Maywood Range located at 1311 Maybrook Drive, Maywood, IL. Ranking for each class will be based off of this list. Class size will be limited to: Exempt - 2 positions, Department of Corrections - 14 positions, Court Services – 14 positions. Ranking for each class will be based off of this list.

Minimum Qualifications: -- Applicants that fail to meet any one of the Minimum Qualifications listed below will be deemed Not Qualified.

- Must successfully submit a Training Application and SEAM Compliance Letter according to the instructions below.
- Must be in an active duty status at time of application.
- Within the previous twenty four (24) months, must not have incurred two (2) or more Unpaid Unauthorized Activities or eight (8) or more instances of Tardiness. Suspected Unpaid Unauthorized Activity will be verified by Human Resources. Please refer to the definition of Unauthorized Activity in the Glossary of the Sheriff’s Employment Action Manual, which is posted on the Sheriff’s website.
- Must have a valid Illinois F.O.I.D. Card
- Must have a Sheriff’s Deputy Card
- Must be currently assigned to either the Department of Corrections, Court Services or occupy an exempt position in the Sheriff’s Office
- All sworn personnel must be in an authorized status. Must not have received Department or OPR discipline resulting in a suspension(s) of a total of four (4) or more days for a single infractions that occurred within the past eighteen (18) months. Written reprimands for minor infractions such as tardiness may disqualify an applicant, but it is not automatic. Counseling will not disqualify an applicant.

Application Instructions: -- Applicants must submit a completed Training Application and SEAM Compliance Letter (attached) to your Department Head/Designee for approval. Once approved the Department Head/Designee will collect all approved applications and rank them in seniority order:

- A Revised Training Application and SEAM Compliance Letter- Attached
- Applications received after the following dates will not be accepted:
  - 26 FEB 18 – 13 MAR 18
The Department Head/Designee will submit the list to the Bureau of Training & Education along with the approved applications and SEAM Compliance Letters via an e-mail to the Bureau of Training & Education no later than 19 MAR 18 at marie.rangel@cookcountyil.gov.

Training Requirements: -- A Candidate that fails to provide the following items and equipment will be dismissed from the training opportunity:

- Must show proof of weapon ownership - Refer to Department General Orders regarding approved weapons
- Semi-automatic duty holster and belt (Refer to Department General Order)
- Four (4) belt keepers*
- Three magazines and a dual magazine pouch
- Eye and ear protection (no foam inserts)
- Class B Uniform attire*
- Baseball style cap (to be worn with brim facing forward)

*Not required for Exempt Staff Members

Selection Process

Candidates are deemed Qualified based on the Minimum Qualifications. Qualified Candidates will be ranked in order of seniority, the first 30 candidates based on seniority will train on 23 APR 18, the next 30 qualified candidates will train on 22 MAY 18 and the last group of 30 qualified candidates will train on 19 JUN 18. Class size will be limited to: Exempt - 2 positions, Department of Corrections - 14 positions, Court Services – 14 positions. Ranking for each class will be based off of this list.

If a Department does not utilize all positions allocated, the remaining unfilled positions will be distributed to the Department with the greatest demand.

I Certify that no Political Reasons or Factors were considered in any decision I made or action I took related to this Employment Action. Further, I do not know of, or have any reason to believe that anyone else considered or took action based on Political Reasons or Factors with respect to this Employment Action.
Office of the Sheriff of Cook County  
Bureau of Training & Education

APPLICATION

Applications must be received in the office of the Bureau of Training & Education 30 days prior to the training activity, seminar, workshop. Early submission of training request is recommended as travel funding is limited. Print the following information:

Applicant's Name ______________________ Title ______________________
Department ______________________ JDE # ______________________ Star #
Title of Course ______________________
Location of Course ______________________ Course Date ______________________
Address of Course ______________________ City ______________________ State ______________________ Zip Code ______________________

Please indicate the ESTIMATED or ACTUAL COST FOR EACH APPLICABLE CATEGORY below:

<table>
<thead>
<tr>
<th>CATEGORY (Include all that apply)</th>
<th>COST</th>
<th>TIMES NO. OF NIGHTS (OR DAYS)</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Fare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hotel Accommodations (include cost of applicable room tax)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Diem is based on rate set by the IRS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ground Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL COST** [ ] ESTIMATE  [ ] ACTUAL

**NOTE** No Registration or Travel Arrangements can be made prior to the Bureau of Training & Education's approval. Please include copies of all appropriate forms for registration processing.

Upon completion of training, I agree to submit copies of all program materials, related certificates or other verification of training received (along with reimbursement forms, if applicable) to my Department Head which will then be forwarded to the Cook County Sheriff's Bureau of Training & Education within 7 days of my return.

APPLICANT'S NAME (PRINT) ______________________ APPLICANT'S SIGNATURE ______________________ WORK NUMBER ______________________ DATE ______________________

DEPARTMENT RECOMMENDATION

Immediate Supervisor [ ] Approved Date ______________________ [ ] Not approved Date ______________________

I certify that no Political Reasons or Factors were considered in any decision I made or action I took related to this Employment Action. Further, I do not know of, or have any reason to believe that anyone else considered or took action based on Political Reasons or Factors with respect to this Employment Action.

NAME OF IMMEDIATE SUPERVISOR (Please Print) ______________________ SIGNATURE OF IMMEDIATE SUPERVISOR ______________________

[ ] Essential to Department  [ ] Important to Department

Rationale for attendance

I certify that no Political Reasons or Factors were considered in any decision I made or action I took related to this Employment Action. Further, I do not know of, or have any reason to believe that anyone else considered or took action based on Political Reasons or Factors with respect to this Employment Action.

NAME OF CHIEF/DIRECTOR (Please Print) ______________________ SIGNATURE OF CHIEF/DIRECTOR ______________________ DATE ______________________

RECOMMENDATIONS BY BUREAU OF TRAINING & EDUCATION EXECUTIVE DIRECTOR / DESIGNEE – (POLICY 3810-U250)

Staff Recommendations [ ] Approved Date ______________________ [ ] Not approved Date ______________________

I certify that no Political Reasons or Factors were considered in any decision I made or action I took related to this Employment Action. Further, I do not know of, or have any reason to believe that anyone else considered or took action based on Political Reasons or Factors with respect to this Employment Action.

SIGNATURE OF EXECUTIVE DIRECTOR / DESIGNEE ______________________ Revised 21 MAY 15
Cook County Sheriff’s Department
SEAM Article M & Article N Compliance Review
**This form must accompany all Training Applications**

☐ Selective Training (SEAM Article M, Section P, Procedure)  
Applicant Name: ____________________
Written request to post selective training opportunity (must be attached)
Date Approved ____________________  Time Approved ____________________
Training Title ____________________  Posting Title # ____________________  Tracking # ____________________
Number of Training Vacancies ________  [ ] Applicant rank list attached (required)  Established date ________
Selective Training rotation & appointment:  [ ] Training Pool Used  [ ] Training Pool Not Used

☐ Required Specialized Training (SEAM Article N, 3A)  
Applicant Name: ____________________
Required training following assignment to a post or position that requires specialized training.
Job Posting # ____________________  (Attach posting to this document, if applicable)

☐ Department-Initiated Specialized Training (SEAM Article N, 3B)  
Applicant Name: ____________________
Specialized training that is requested for employees in a Department or unit within a Department.
Submitted 30 days prior to the start of training.  [ ] Yes  [ ] No
Training is requested for:
[ ] All Employees  [ ] Employees within a Unit  Unit: ____________________  [ ] Individual Employees
Justification for recommendation based on operational needs of the Department

☐ Employee Initiated Training Request(SEAM Article N, 3C)  
Applicant Name: ____________________
An Employee requesting to attend a training opportunity.
*Training application must be attached
*Reference to training opportunity must be attached (ex. Brochure, website)
If either of the below boxes are checked the application will be denied.
[ ] Employee has incurred 2 or more Unauthorized Absences in the previous 24 months.
[ ] Employee has incurred a total of 4 or more suspension days for a single infraction within the previous 18 months.

☐ Emergency Training Assignment(SEAM Article N, 3D)  
Applicant Name: ____________________
Justification (Check appropriate justification below)
[ ] Department or unit staffing, scheduling and Operational Needs.
[ ] Career path(s) of individuals reviewed for selection.
[ ] Consistent high quality performance based on Quarterly and Annual Performance Evaluation Review forms.
[ ] If the employee demonstrated prior ability to use acquired knowledge for the improvement of the agency.
[ ] Relevancy to the employee’s assignment or unit.
[ ] Necessity to perform the duties of the assignment.

By signing this form, I certify that no Political Reasons or Factors were considered in any decision I made or action I took relating to this Employment Action. Further, I do not know of or have any reason to believe that, anyone else considered or took action based on Political Reasons or Factors with respect to this Employment Action.

Immediate Supervisor’s Signature  
Cook County Sheriff’s Department  
Date
[ ] Approved  [ ] Not Approved

Signature of Chief/Director  
Cook County Sheriff’s Department  
Date
[ ] Approved  [ ] Not Approved

Executive Director / Designee  
Cook County Sheriff’s Training Division  
Cc: Compliance Officer  
Date
[ ] Approved  [ ] Not Approved

Revised 21 MAY 15