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|  | OHIO DEPARTMENT OF PUBLIC SAFETYOHIO TRAFFIC SAFETY OFFICE**EDUCATION REQUEST** |  |
|  |
| NAME OF YOUR AGENCY      | GRANT #      |
| **TRAINING / EVENTS** |
| DESCRIPTION OF TRAINING / EVENTS      |
| DATE OF TRAINING / EVENTS      | NUMBER OF PEOPLE ATTENDING      |
| NUMBER OF HOURS      | TOTAL COST**$**       |
|  |
| NAME       | E-MAIL ADDRESS      | DATE SUBMITTED      |
| **E-MAIL COMPLETED FORM TO YOUR ASSIGNED PLANNER** |
| **OTSO USE ONLY** |
| RPM REVIEWED      | DATE REVIEWED      | MANAGEMENT REVIEWED      | DATE REVIEWED      |
| APPROVED       DISAPPROVED       MODIFICATIONS REQUIRED        |
| NEEDED MODIFICATIONS      |
| IF DISAPPROVED, STATE REASON      |