|  |  |  |  |  |  |  |
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|  | OHIO DEPARTMENT OF PUBLIC SAFETY  OHIO 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 | | | | | | |