



Administrative Service Request

Chicago RCFL Office
610 S. Canal Street
Chicago, IL 60607

CASE INFORMATION:

RCFL Case #:

Requesting Agency:

Date Requested:

Date Needed:

Requesting Agency
POC/Phone #:

TRAINING:

Location:

Date of Training:

Projected Length of
Training (Hours/Days):

Projected # of
Attendees:

POST Certification:

YES / NO Control #:

Special Equip Needed:
(Projectors/Handouts)

Service Type:

Training R&D Other:

Expected Costs:

R&D:

Summary of
Request:

Requested Completion Date:

OTHER:

NARRATIVE: (Please explain request in detail.)

RCFL USE ONLY

Date Request Received:

Approved By:

Date Due:

Assigned To:

Date Completed:

Approved By:

DISPOSITION: (Please provide detailed explanation of service provided and attach all notes and created documents.)
