



# Administrative Service

**Request** 207 S. Houston Street -- 2nd Floor  
Dallas, Texas 75202

**CASE INFORMATION:**  **RCFL Case #:**

Requesting Agency:  Date Requested:  Date Needed:

Requesting Agency POC/Phone #:

**TRAINING:**

Location:	<input type="text"/>	Date of Training:	<input type="text"/>
Projected Length of Training (Hours/Days):	<input type="text"/>	Projected # of Attendees:	<input type="text"/>
POST Certification:	YES / NO Control #:	Special Equip Needed: (Projectors/Handouts)	<input type="text"/>
Service Type:	Training R&D Other:	Expected Costs:	<input type="text"/>

**R&D:**

Summary of Request:  Requested Completion Date:

**OTHER:**

**NARRATIVE:** (Please explain request in detail.)

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**RCFL USE ONLY**

Date Request Received:	<input type="text"/>	Approved By:	<input type="text"/>
Date Due:	<input type="text"/>	Assigned To:	<input type="text"/>
Date Completed:	<input type="text"/>	Approved By:	<input type="text"/>

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

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