



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.)

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.)

