OFFICER REQUEST FOR RESCHEDULE

TODAY'S DATE_____

Hearing Date	Case #
Name	Location or Telephone Hearing

OFFICER INFORMATION

Dept.	Name
Badge No.	☐ Notice ☐ Subpoena

RESCHEDULE REASON

☐ Vacation	Dates	
☐ Personal/Medical Leave	Dates	Reason
☐ Training/Department Meetings	Dates	Class Title
	Mandatory ☐ Yes ☐ No	Sign-up Date
☐ Court Conflict	Court	Defendant
	Case Number	

AVAILABILITY FOR RESCHEDULE

Please circle the dates you ARE NOT available during the next sixty (60) days:
Fax to (303) 205-5700

Month_____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month_____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
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Month_____

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