



LASSEN COUNTY SHERIFF'S OFFICE

1415 Sheriff Cady Lane Susanville, CA 96130

Administration
Phone: (530) 251-8013
Fax: (530) 251-2884


Dispatch
Phone: (530) 257-6121
Fax: (530) 257-9363

Civil
Phone: (530) 251-8014
Fax: (530) 251-2884

Adult Detention Facility
Phone: (530) 251-5245
Fax: (530) 251-5243

Dean F. Growdon
Sheriff - Coroner

To: Lassen County Board of Supervisors

From: Dave Woginrich, Lieutenant 

Date: August 29, 2019

Agenda Date: September 10, 2019

Discussion:

One captain and two lieutenants are scheduled to attend the POST Management Course as required by The Commission on Peace Officer Standards and Training. This course consists of 13 days of instruction, spread over three weeks, with a minimum two-week intersession between each week of instruction. It is held at the Humboldt State University Extended Education and Global Engagement facility in Folsom, California, on September 16-20, 2019, October 7-10, 2019 and October 28-31, 2019. The attendees will stay in Folsom each week of the three week course. The up-front training costs will exceed \$2000 and require advance Board Authorization pursuant to the Lassen County Travel Policy. A portion of this course is reimbursed by POST. The training costs are as follows:

POST Management Course	
Tuition/Registration Fees	\$4,932.00
Lodging	\$4,169.10
Per Diem	\$2,631
Total (Est)	\$11,732.10

Funding: These training costs would be expended from the Sheriff's Jail Budget 130-0525-(3002901) for one captain and one lieutenant, and from the Sheriff's Patrol Budget 130-0522-(3002901) for one lieutenant.

Recommendation: That the Board of Supervisors authorizes the listed training expenditures for required training, and approves per diem and tuition to be provided prior to the training session.

THE POST |
MANAGEMENT
★ COURSE ★
FOR LAW ENFORCEMENT

presented by Humboldt State University
in conjunction with the Commission on
Peace Officer Standards & Training

SESSION DATES FOR 2019-2020

SESSION 2

Session 2, Week 1:	Sept. 16-20, 2019 (Mon.-Fri.)	Control # 5260-00501-19002
Session 2, Week 2:	Oct. 7-10, 2019 (Mon.-Thurs.)	Control # 5260-00502-19002
Session 2, Week 3:	Oct. 28-31, 2019 (Mon.-Thurs.)	Control # 5260-00503-19002

All sessions are held in Folsom, Calif. (approx. 15 miles east of Sacramento) at

Lake Natoma Inn
702 Gold Lake Dr.
Folsom, CA 95630
(916) 351-1500

Fee

POST-reimbursable agencies do not need to remit payment for personnel enrolled but should bring a completed Training Reimbursement Request (TRR) form for each week of the session. For the POST course control numbers, please see the schedule. Non-reimbursable agencies will need to pay \$1,644 for the current tuition fee. Checks should be made payable to Humboldt State University.

Attendance & Course Credit

The Management Course is a 104-hour program duly certified by the Commission on Peace Officer Standards and Training. Participants who successfully complete the Management Course will receive a certificate of completion, signed by the Dean of Extended Education of Humboldt State University at the conclusion of the course. A final course roster will be submitted to POST by the course coordinator.

In addition, participants who successfully complete the Management Course will be awarded six (6) semester units of academic credit from Humboldt State University. Three academic units of credit are awarded in Business Administration and three units of credit are awarded in Arts, Humanities & Social Sciences. The cost for this credit is included in the course fee.

"Successful completion" means attending all classes, participating appropriately, and completing all assignments. Some assignments must be completed between class meetings. All emergency absences, illnesses, injuries and subpoenas must be reported to the course coordinator who will be on-site at the hotel while the course is in session. As attendance is a requirement for course credit, participants who are compelled to miss class are expected to make up the lost time, or may be required to enroll in a subsequent session from the beginning.

Questions regarding how to complete County forms or allowable expenses should be referred to the Lassen County Auditor's Office.

Date _____

8/29/2019:\Forms\Auditor\Travel Reimbursement Forms\1-1-19 Travel AuthorizationTravel Authorization

The County Travel Policy and bargaining unit MOUs can be found on the county intranet at [L:\Policies and Procedures](#). Incomplete Travel Authorizations and claim forms will be returned to the department. Once a Travel Authorization Form has been signed by the appropriate authority it should not be changed - enter actual expense in the Actual column. Questions regarding how to complete County forms or allowable expenses should be referred to the Lassen County Auditor's Office.

Per Lassen County Travel Policy #01-P01 all travel outside of the county must be authorized in advance. Department Heads shall authorize travel up to \$1500. The CAO shall authorize any travel between \$1500 - \$2000. The Board of Supervisors shall authorize any travel over \$2000. All travel requests by members of boards and commissions must be authorized in advance by the Board of Supervisors and/or the CAO.

LASSEN COUNTY TRAVEL AUTHORIZATION AND REPORT

The County Travel Policy and bargaining unit MOUs can be found on the county intranet at *!:\Policies and Procedures*.
 Incomplete Travel Authorizations and claim forms will be returned to the department.
 Once a Travel Authorization Form has been signed by the appropriate authority is should not be changed - enter actual expense in the Actual column.
 Questions regarding how to complete County forms or allowable expenses should be referred to the Lassen County Auditor's Office.

EMPLOYEE NAME: <u>Michael Carney</u>		BARGAINING UNIT: _____	
DEPARTMENT: <u>Lassen County Sheriff</u>			
FUND <u>130</u>	B/U <u>0525</u>	ACCOUNT <u>3002901</u>	

TRAVEL DETAILS			
DATES: <u>see below</u> through : <u>see below</u>		TIME DEPARTED: <u>3:00 PM</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
FROM: <u>Susanville</u> TO: <u>Folsom</u> <small>(City)</small>		TIME RETURNED: <u>8:00 PM</u> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
MODE OF TRAVEL (Select from list): <u>COUNTY CAR</u>		NATURE OF BUSINESS: <u>Management Course</u>	

							Estimated	Actual (if different)	Date Paid or check number	Notes or special instructions
Registration							1,644.00			
Reimbursable miles _____ X \$0.580							-			
Secondary Transportation										
Lodging: Number of Days <u>13</u> @ \$ <u>106.90</u> per day							1,389.70			
Date:	<u>9/16/19</u>	<u>09-18-20-19</u>	<u>10/6/19</u>	<u>10-7-10-19</u>	<u>10/27/19</u>	<u>10-28-31-19</u>				
Breakfast @ \$ 16.00		80.00		64.00		64.00				
Lunch @ \$17.00		85.00		68.00		68.00				
Dinner @ \$28.00	28.00	140.00	28.00	112.00	28.00	112.00				
TOTALS	28.00	305.00	28.00	244.00	28.00	244.00	877.00			
Per my bargaining unit's MOU I may request meals to be reimbursed at reasonable actual costs. Itemized receipts will be attached to all claims for reimbursement. I understand that per diem for meals and receipts may not be mixed on any one day.										
Incidental Expenses _____ _____										
TOTAL ESTIMATED COST OF TRAVEL \$ 3,910.70										
TOTAL ACTUAL EXPENSE							-			
TRAVEL ADVANCE TO EMPLOYEE							-			
AMERICAN EXPRESS CHARGES							-			
NET DUE TO EMPLOYEE							-			

Department Head Authorization for Travel (payment will not be made without proper authorization)		The undersigned, under penalty of perjury, states that the items listed on this claim are true and correct, that the amounts are properly due this claimant, that no items have been previously paid, and that the claim is being presented within one year of when the expenses were incurred. I certify from my own knowledge, the the articles or services listed on this claim were ordered for use by the department for the purpose indicated and that the articles or services have been delivered or performed and that this claim does not violate any provisions of Article 4, Chapter 1, Division 4 of Title 1 of the government code (conflict of interest).	
Department Head _____	Date approved _____		
Fiscal Officer (if necessary) _____	Date approved _____		
Director _____	Date approved _____		
CAO (if necessary) _____	Date approved by Board (if necessary) _____		
		Signature of Claimant _____	Date _____

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