



## Middle Management – 40 hours

### CWL – 0231      FDLE 107

**Instructor:****Date(s):**

March 4 – 7, 2024

**Monday thru Thursday**

**Time:** 7:00 – 6:00

**Location:**

Orange Park Campus  
283 College Drive  
Orange Park, FL 32065  
Building D Room D0066

**Cost:**

No cost to Region V  
officers.

**Class Limit:** 18 Students

**Dress Code:**

**Business Casual**

NO Flip Flops, Shorts, Tank  
tops, Jeans, or T-shirts unless  
specified.

**All training requests should be  
sent to:**

Ms. Beal- Assistant  
(904) 808-7491

[JoAnnBeal@sjrstate.edu](mailto:JoAnnBeal@sjrstate.edu)

Brian Harrington  
Instructor/Coordinator for  
Career Development  
(904) 808-7421  
[BrianHarrington@sjrstate.edu](mailto:BrianHarrington@sjrstate.edu)

This course is designed to prepare middle managers in criminal justice agencies by providing a basic understanding of the responsibilities of middle managers that will allow them to function effectively in their role.

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**Students should bring the following information to the first class:**

**Copies of their agency's job descriptions for the first-line supervisors(sergeant)and middle managers (lieutenants, captains, majors) as applicable**

**Their agency's organizations chart.**

**Their assigned unit/division budget.**

**Their agency's policy regarding ethics.**

**This information is essential for instruction of various lessons and group exercises.**

**These Documents should be in a digital format on a thumb drive if possible. Paper will suffice if necessary. \*\*\*\*\***

Students must pass a written end of course exam with a score of 80% or better.

**Deadline for Registration: February 1, 2024**

Officer's Name: \_\_\_\_\_  
**(FULL NAME AS IT APPEARS IN ATMS)**

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **SS# last 4** \_\_\_\_\_

Officer's Email Address: \_\_\_\_\_

Agency \_\_\_\_\_ Agency's Phone # \_\_\_\_\_

**The section below must be completed by the agency's authorized training personnel.**

Sworn LEO \_\_\_\_\_ Salary Incentive: \_\_\_\_\_

Sworn Corrections \_\_\_\_\_ Mandatory Retraining: \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Printed Authorization Name: \_\_\_\_\_

Authorizing Person's Email: \_\_\_\_\_