



# Middle Management – 40 hours

## CWL – 0231    FDLE 107

**Instructor:**

Lt. Paul Normann (Retired)

**Date(s):**

December 2 – 5, 2024

Monday thru Thursday

**Time:** 0700 – 1800

**Location:**

St. Augustine Campus  
2900 College Drive  
St. Augustine, FL 32084  
Building J

**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)

Cmdr. Brian Harrinton  
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: November 4, 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: \_\_\_\_\_