

LAW ENFORCEMENT NOTICE OF STATUS CHANGE

NAME _____
Last First Middle I. M F

AGENCY _____

S.S. # _____ D.O.B. _____

DATE OF EMPLOYMENT _____ FULL TIME PART TIME

DATE OF TERMINATION _____ DECEASED

Check all that apply:

- Officer
- Dispatcher
- Terminal Operator
- Correctional Officer
- Other: _____

- RESIGNED
- RETIRED
- TERMINATED
- BRADY/GIGLIO

ISSUE
Reason: _____

SIGNATURE _____
SPONSORING AGENCY HEAD

NOTE: THIS FORM IS TO BE COMPLETED AND MAILED OR FAXED TO LAW ENFORCEMENT OFFICERS STANDARDS AND TRAINING WITHIN 10 DAYS AFTER EMPLOYMENT OR TERMINATION. OUR FAX NUMBER IS 773-7203.

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