LAW ENFORCEMENT NOTICE OF STATUS CHANGE

NAME		
Last	First	Middle I. M O F
AGENCY		
S.S. #	D.O.B	
DATE OF EMPLOYMENT		FULL TIME PART TIME
DATE OF TERMINATION		RESIGNED
Check all that apply: Officer Dispatcher Terminal Operator Correctional Officer		RETIRED DECEASED TERMINATED Reason:
Other:	SIGNATURE	
	SPO	NSORING AGENCY HEAD
LAW ENFO	RCEMENT NOTICE O	F STATUS CHANGE
Last	First	Middle I. M F
AGENCY		
S.S. #	D.O.B	
DATE OF EMPLOYMENT		FULL TIME PART TIME
DATE OF TERMINATION		TOLL TIMETAKT TIME
		RESIGNED
Check all that apply: Officer Dispatcher Terminal Operator Correctional Officer Other:	SIGNATURE	

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.