West Virginia Department of Homeland Security
Governor's Committee on Crime, Delinquency & Corrections
Law Enforcement Professional Standards Subcommittee

WV STATE POLICE ACADEMY PDC, 123 ACADEMY DRIVE DUNBAR, WV 25064

PERSONNEL CHANGE-IN-STATUS REPORT

This form shall be completed and returned, within 10 days, to the above address by a law enforcement agency whenever there is a change in status as indicated below.

SECTION 1 – AGENCY & OFFICER INFORMATION

AGENCY INFORMATION	
OFFICER NAME	Last: First: Middle:
DATE OF BIRTH	/ /
LEPS IDENTIFICATION NUMBER __Not Yet Issued	-
OFFICER EMAIL __Work __Personal __Not Yet Issued	

☐ *SECTION 2* – NEW EMPLOYEE

DATE EMPLOYED / STATUS	Date: / / __Part Time: __Full Time:
PREVIOUSLY CERTIFIED IN WV?	__Yes – Which Agency? __No – Must Enter Full SSN:
PREVIOUSLY CERTIFIED IN ANOTHER STATE?	__Yes __No State: West Virginia Agency: Certification Date: / / Date Left: / / ID No:

☐ *SECTION 3* – EXISTING EMPLOYEE

CHANGE IN RANK	Effective Date: / /	Previous Rank:	New Rank:
MILITARY ACTIVATION	Effective Date: / /	Date Returned to Duty: / /	
OFF DUTY / EXTENDED ILLNESS OR INJURY:	Effective Date: / /	Date Returned to Duty: / /	

☐ *SECTION 4* – INDIVIDUAL NO LONGER EMPLOYED / JUDICIAL ACTION

☐**RETIREMENT**:	Effective Date: / /	__In Good Standing	__In Lieu Of Termination	__While Under Investigation
Comments:				
☐**RESIGNATION:**	Effective Date: / /	__In Good Standing	__In Lieu Of Termination	__While Under Investigation
From Academy:	__Yes __No If yes, Class Number: Reason: __PAT Failure __Personal Reasons __Medical Reasons			
To other Law Enforcement Employment:	__Yes __No __Unknown			
To Non-Law Enforcement Employment:	__Yes __No __Unknown			
To Certification Retention:	__Yes __No __Unknown			
Comments:				
TERMINATION:	Effective Date: / /	__In Good Standing	__In Lieu Of Termination	__While Under Investigation
Comments:				
DECEASED:	Date: / /	Line of Duty Death: __Yes	__No	
Comments:				
PROTECTIVE ORDER:	Effective Date: / /	Active	Dismissed	Court Jurisdiction:
Comments:				
CRIMINAL CHARGES:	Effective Date: / /	Pending	Brought	Court Jurisdiction:
Comments:				

Form Completed By:

PRINT NAME _____ SIGNATURE _____

AGENCY _____ TITLE _____ WORK PHONE _____ CELL PHONE _____ EMAIL _____