

DIVISION OF JUSTICE AND COMMUNITY SERVICES
LAW ENFORCEMENT PROFESSIONAL STANDARDS(LEPS) SUBCOMMITTEE
123 Academy Drive, PDC Building
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.

AGENCY: _____

OFFICER'S NAME: _____
LAST FIRST MIDDLE

DOB: ____/____/____ Identification Number: _____ - _____

---New Employee---

DATE EMPLOYED: ____/____/____ Part Time Full Time

Previously certified in WV?

___ Yes - which agency? _____

___ No - **MUST** enter full SSN ____ - ____ - _____

Previously certified in another state?

State _____

Last agency employed at _____ Date left: _____

Officer certification date _____ Officer Identification Number _____

---Existing Employee---

CHANGE IN RANK: EFFECTIVE DATE: ____/____/____

Previous Rank: _____ New Rank: _____

MILITARY ACTIVATION:

Date effective: ____/____/____ Date Returned to Duty: ____/____/____

OFF DUTY DUE TO EXTENDED ILLNESS OR INJURY:

Date off duty: ____/____/____ Date returned to duty: ____/____/____

---Individual No Longer Employed---

Chose one of the following options

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

To other law enforcement employment _____

To non-law enforcement position _____

From Academy, if so: Class number _____

___ PAT Failure ___ Personal Reasons ___ Medical Reasons

Comments _____

TERMINATION: EFFECTIVE DATE : ___/___/___

Comments _____

DECEASED: Date : ___/___/___ Line of duty death: Yes ___ No ___

CRIMINAL CHARGES PENDING OR BROUGHT:

DATE : ___/___/___ Court: _____

Comments _____

Form Completed by: _____ / _____
Printed Name Signature

_____ / _____
Title Agency

Email Address

()

Extension:

Revised 15 Jan 13

Phone Number