## 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:					
OFFICER'S EMAIL ADI	)KESS:				
	Nen	Employee	_		
DATE EMPLOYED:		Part 7	Гime Full Time		
Previously certified in WV	V?				
Yes – Which agen	cy?				
No – Must Enter I	Full SSN				
Previously certified in and	other state?				
State					
Last agency employed at _		Date Left			
Officer certification date _		Officer Identificatio	n Number		
	Fristi	ng Employee			
CHANGE IN RANK: EF	FECTIVE DATE: _		_		
Previous Rank:		New Rank: _			
MILITARY ACTIVATIO	ON:				
Date Effective:		Date Returned to Duty:			
OFF DUTY DUE TO EX	KTENDED ILLI	NESS OR INJURY:			
Date off duty:		Date Returned to Duty:			

## --- Individual No Longer Employed --Choose one of the following options

In Good Standing _	In Lieu of To	ermination _	While Under Investigation	
Comments:				
RESIGNATION: EFFECTIV	E DATE:			
			While Under Investigation	
To other law enforcem	ent employment			
To non-law enforcement	nt employment			
To Certification Retent				
From Academy, if so: Class N	umber:			
Pat Failu	re Personal	Reasons	Medical Reasons	
Comments:				
TERMINATION: EFFECTIVE	VE DATE:			
Comments:				
DECEASED: Date:		Line of du	ty death: Yes No	
CRIMINAL CHARGES PE	NDING OR BROU	GHT:		
Date:		Court:		
Comments:				
Form Completed By:		/		
Tomic completed By:	Printed Name		Signature	
	Title	/	Agency	
	Email Address			
(	Extension:			
	Phone Number			