

PERSONNEL CHANGE-IN-STATUS REPORT

Date off duty: _____ Date Returned to Duty: _____

--- Individual No Longer Employed ---

Choose 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 employment _____

To Certification Retention: _____ Yes _____ No

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: _____
Phone Number