

COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

PERSONNEL CHANGE-IN-STATUS REPORT

This form should be completed and returned to the Commission on Law Enforcement Standards and Training within ten (10) days of action.

REPORTING AGENCY _____ DATE _____

OFFICER'S NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ DATE EMPLOYED _____

STATUS: Full-Time () Auxiliary Law Enforcement Officer ()
Part-Time I () Specialized Police Personnel ()
Part-Time II () Other - Specify _____ ()

CHECK ONE TYPE OF ACTION DATE OF ACTION
() Resigned - Reason _____
(Do you recommend decertification? _____)
() Dismissed - Reason _____
(Do you recommend decertification? _____)
() If Separated for a reason listed under Arkansas State Statute 12-9-602 (b)(2), please check the correct paragraph.
A _____ B _____ C _____ D _____
(Attach a statement of facts) _____
() Other Reason - (Specify) _____
() Change in Rank - From _____ TO _____
() Name Change - From _____ TO _____

I hereby attest to the best of my knowledge the information submitted on this form is true and correct.

FORM COMPLETED BY _____ TITLE _____

SWORN AND SUBSCRIBED BEFORE ME

NOTICE: False swearing is a Class A misdemeanor.
Punishable under Arkansas Code 5-53-103.

NOTARY PUBLIC, THIS _____ DAY
OF _____, 20 ____
MY COMMISSION EXPIRES _____

NOTE: PLEASE FIND PRINTED ON THE REVERSE SIDE OF THIS FORM PARAGRAPHS A, B, C, AND D OF THE ARKANSAS STATE STATUTE 12-9-602 (b)(2).

