

1. Type of Notice: Appointment **NOTICE OF APPOINTMENT/SEPARATION**
 Separation **PLEASE TYPE ONLY**
 Status Change (Do not use to change an officer from full-time to part-time or vice versa - this requires an appointment)

Illinois Law Enforcement Training and Standards Board
 600 S. Second St. - Suite 300 - Springfield, IL 62704-2542
 217/782-4540

NOTICE: The Board is requesting specific information that is necessary to accomplish the statutory requirements as outlined in Public Act 79-652 and Public Act 79-720. Disclosure of this information is MANDATORY . The Board could seek legal action against those agencies failing to disclose the required information.					
2. Name - Last		First	Middle	3. Social Security Number	4. Date of Birth
5. List all prior names used		6. Sex <input type="checkbox"/> M <input type="checkbox"/> F	7. Race <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> CA <input type="checkbox"/> HI <input type="checkbox"/> NA		8. Highest Educ. Level Achieved <input type="checkbox"/> HS <input type="checkbox"/> SC <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> PhD
9. Agency Name, Address and Phone Number (Must be completed in full)			10. Rank/Classification		
			11. Date of Appointment/Status Change (mm/dd/yy)		
12. The above named person's previous service as a peace/correctional officer was with					

Name of Agency		from (mm/dd/yy)		to (mm/dd/yy)	

APPOINTMENT INFORMATION

13. <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Court Security <input type="checkbox"/> Coroner <input type="checkbox"/> State's Attorney <input type="checkbox"/> Other		14. Work Status
Has Completed: <input type="checkbox"/> LETSB Certified Law Enforcement Basic Training Course <input type="checkbox"/> LETSB Certified Correctional Basic Training Course <input type="checkbox"/> LETSB Certified Part-time Basic Training Course <input type="checkbox"/> LETSB Certified Mandatory Firearms Training Course		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary w/Firearms <input type="checkbox"/> Auxiliary w/ Conservator of Peace Power
Other: <input type="checkbox"/> Trained out of state <input type="checkbox"/> Has NOT satisfied the basic training Requirement		

SEPARATION INFORMATION APPLICABLE TO CURRENT AGENCY

15. Reason for Separation: <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> Terminated for Cause <input type="checkbox"/> Deceased <input type="checkbox"/> Convicted of Criminal Offense <input type="checkbox"/> Other (Explain)
Last date of employment with agency (mm/dd/yy): _____

COMMENTS

16.

ATTESTATION OF REPORTING OFFICIAL

17. I attest that the information provided on this form is true and correct, and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate this information.		
_____	_____	_____
Signature of Chief Agency Administrator	Print Chief Agency Administrator's Name and Title	Date