

EMPLOYMENT VERIFICATION
FOR
PART-TIME OFFICER

(Special Extension of Time)

I verify that this Officer is and will continue to be an employee who is covered by worker's compensation until the completion of the part-time training program.

I also agree that this officer will not perform police duties beyond the 18 months of his appointment date until all guidelines have been met pursuant to Public Act 89-170.

_____ *Officers's Name (Print)* _____ *PTB ID Number*

is an employee of _____, our Mobile Team Unit No.# _____
Department's Name (Print)

I attest that _____, _____, _____ is _____
Month Day Year Officer's Name

original appointment date and that _____, _____ is the 18th month
Month Day Year

from _____ date of appointment.
Officer's Name

Chief Administrator

Date