

1. Type of Notice: Appointment
 Separation
 Status Change (Do not use to change an officer from full-time to

NOTICE OF APPOINTMENT/SEPARATION
PLEASE TYPE ONLY
part-time or vice versa - this requires an appointment)

Illinois Law Enforcement Training and Standards Board
4500 South 6th St Road, Rm 173
Springfield, IL 62703-6617
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. PTB ID (blank if none assigned) | 4. Date of Birth |
|---|------------------------------------|------------------|

| | | | |
|-------------------------------------|--------------------|-----------------------------------|--|
| 5. List all prior names used | 6. Sex M F | 7. Race AA AS CA HI NA | 8. Highest Educ. Level Achieved HS SC A B M 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"/> Auxiliary <input type="checkbox"/> Other 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 | Other: <input type="checkbox"/> Trained out of state <input type="checkbox"/> Has NOT satisfied the basic training Requirement | 14. Work Status <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 |
|--|---|--|

SEPARATION INFORMATION APPLICABLE TO CURRENT AGENCY

15. Reason for Separation: Resigned Retired Terminated for Cause Deceased Convicted of Criminal Offense 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