

**NOTIFICATION OF EMPLOYMENT
CROSS-DEPUTIZATION ATTESTATION ATTACHMENT**

Council on Law Enforcement Education and Training
2401 Egypt Road, Ada, Oklahoma 74820-0669 P: 405-239-5100 F: 405-239-5190

DUE WITHIN 10 DAYS OF EMPLOYMENT

COMPLETION OF ALL FIELDS IS REQUIRED - MUST BE SENT WITH NOTICE OF EMPLOYMENT

AGENCY DATA

Name of Agency: _____ Agency E-Mail: _____
Address: _____ City: _____ ZIP: _____ County: _____
Department Head: _____ Title: _____ Telephone: _____

EMPLOYEE DATA

Last Name: _____ First Name: _____ MI: ____ Sex: M ____ F ____ DOB: ____/____/____
SSN: _____ Race: _____ Place of Birth: _____
Home Address: _____ City: _____ Zip: _____ Home Phone: _____

EMPLOYMENT INFORMATION

Date of Appointment: _____ Position: _____

DEPARTMENT / AGENCY ADMINISTRATOR ATTESTATION:

I certify that in accordance with 74 O.S. § 1221 (C) or (D) and 70 O.S. § 3311 (M) there is a current cross deputization agreement with the State of Oklahoma or a political subdivision of the State of Oklahoma and the Federally recognized Indian Tribal Government identified below. I will notify the Council on Law Enforcement Education and Training if this agreement is altered or terminated.

Original Signature of Agency Administrator or Designee: _____ Date: ____/____/____
Print Name and Title: _____

TRIBAL AGENCY ADMININSTRATOR ATTESTATION

I certify that in accordance with 74 O.S. § 1221 (C) or (D) and 70 O.S. § 3311 (M) the above employee was appointed/commissioned pursuant to a current cross-deputization agreement with the State of Oklahoma or a political subdivision of the State of Oklahoma and the _____ Tribal Government.

Original Signature of Agency Administrator or Designee: _____ Date: ____/____/____
Print Name and Title: _____

Sworn and subscribed before me this _____ day of _____, _____.

My Commission # _____ Expires _____

Notary Public

(Seal)