

**DEPARTMENT HEAD CHANGE -
INTERDEPARTMENT POSITION TRANSFER**

**THIS FORM IS TO BE USED ONLY WHEN THE EMPLOYEE IS TRANSFERRING WITHIN THE DEPARTMENT.
IF THE EMPLOYEE IS NOT CURRENTLY ON THE DEPARTMENT'S ROSTER, THEN A NOTIFICATION OF EMPLOYMENT MUST BE COMPLETED.**

COMPLETE ONE	CLEET #: _____
Department Head Change	Interdepartment Position Change
SSN #: <u>XXX-XX-</u> _____	
DEPARTMENT INFORMATION	
Name of Department: _____	
Department E-Mail: _____	Telephone _____
Department Head: _____	Title: _____
EMPLOYEE INFORMATION	
Last Name: _____ First Name: _____ MI: ____ Sex: M ____ F ____ DOB: ____ / ____ / ____	
TRANSFER INFORMATION	
Date of Transfer: ____ / ____ / ____	
Position Transferring from: _____	Position Transferring to: _____
If Transferring from Reserve to Full-time:	
Requesting Full-time Academy	
Name of facility officer will be attending: _____	
Requesting Career Tech BPOC Academy	
Tech Center Name: _____	
Requesting Bridge Academy	
O.S. 70 § 3311	
<i>Every law enforcement agency in this state shall, within thirty (30) days of a final order of termination or resignation while under investigation of a CLEET-certified peace officer, report such order or resignation in writing to the Director of the Council.</i>	
DEPARTMENT ADMINISTRATOR ATTESTATION:	
I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.	
Original Signature of Department Administrator or Designee: _____	Date: ____ / ____ / ____
Printed Name of Department Administrator or Designee: _____	Title: _____

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