

NOTIFICATION OF EMPLOYMENT/TERMINATION

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/TERMINATION

COMPLETE ALL REQUIRED FIELDS

COMPLETE EITHER FULL-TIME OR RESERVE

Notice of Employment Notice of Termination Address Change Department Head Change

Form section for officer selection: FULL-TIME OFFICER (Over 25 hours per week) and RESERVE OFFICER (140 hours or less per month). Includes checkboxes for certification status, training needs, and other requirements.

AGENCY DATA section: Name of Agency, Agency E-Mail, Address, City, ZIP, County, Department or Agency Head, Title, Telephone.

EMPLOYEE DATA section: Last Name, First Name, MI, Sex, DOB, SSN, Race, Home Phone, Home Address, City, State, Zip.

EMPLOYEE ATTESTATION section: Date of Appointment, Position, list of conditions, certification statement, Original Signature of Employee, Date.

70 O.S. §3311 section: Date of Termination, Resigned, Discharged, Retired, Deceased, Other, explain below, Comments.

AGENCY ADMINISTRATOR ATTESTATION section: Agency Administrator or Designee certification, list of conditions, certification statement, Original Signature of Agency Administrator or Designee, Date, Print Name and Title.

Sworn and subscribed before me this ___ day of ___, 2___.

Notary Public My Commission # (Seal) Expires: ___/___/___