COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

EMPLOYMENT OR TERMINATION FORM

AGENCY LICENSE #: _____ CITY/STATE: _____

AGENCY NAME (as on license): _____

Please do NOT list employments and terminations on the same form.

Use ONE form for each employment OR termination. Please note in margin if person is deceased.

Pursuant to Rule 390:35-11-2 Licensed security agencies and investigative agencies shall notify CLEET, in writing, of the employment and/or termination of all licensed security guards, armed security guards, or private investigators employed or terminated by said agency. Notification shall be made within five (5) days of the employee's hiring and/or termination, and shall include the employee's name, social security number, and private security license number. Failure to comply may result in fines and/or penalties being assessed Pursuant to Rule 390:35 Appendix 'C'.

NOTICE OF EMPLOYMENT

Last Name	First Name	MI	SSN	License Number	Date Employed
_____	_____	____	XXX-XX-_____	_____	_____

☐ The individual named above has been employed as a security guard.

☐ The individual named above has been employed as a private investigator.

This notice of employment is to inform CLEET that the above named person has been employed by this agency and will be covered under the agency's liability insurance.

This notice is approved to replace a letter of employment and proof of insurance. It is not necessary to attach proof of your agency's insurance.

Print Name of Manager or Designee	Signature of Manager or Designee	Date
_____	_____	_____

NOTICE OF TERMINATION

Last Name	First Name	MI	LAST 4 OF SSN	License Number	Date Terminated
_____	_____	____	_____	_____	_____

Comments: _____

Print Name of Manager or Designee	Signature of Manager or Designee	Date
_____	_____	_____

OTHER CHANGES

Comments: _____

_____

Print Name of Manager or Designee	Signature of Manager or Designee	Date
_____	_____	_____

SIGNATURE OF MANAGER OR DESIGNEE REQUIRED FOR ACCEPTANCE