1. Type of Notice: _____Appointment **NOTICE OF APPOINTMENT/SEPARATION**
_____Separation PLEASE TYPE ONLY
____Status Change

Illinois Law Enforcement Training and Standards Board
600 S. Second St.—Suite 300—Springfield, IL 62704-2542
(217) 782-4540 FAX: (217) 524-5350

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. Social Security Number	4. Date of Birth

5. Prior Names Used	6. Sex M F	7. Race AA AS CA HI NA	8. Educational Level HS SC A B M PhD

9. Agency Name, Address and Administration Phone Number	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. ? Law Enforcement ? Correctional ? Coroner ? State's Attorney ? Trained Out of State ? Other

? Completion of LETSB Certified Law Enforcement Basic Training Course
? Completion of LETSB Certified Correctional Basic Training Course
? Completion of LETSB Certified Part-time Basic Training Course
? Completion of LETSB Certified Mandatory Firearms Training Course
? The above-named person has NOT satisfied the basic training requirements

14. Work Status ? Full Time ? Part Time ? Auxiliary

Number of hours worked per week

Hourly Pay Rate $

SEPARATION INFORMATION (Applicable to Current Agency)

15. Reason for Separation: ? Resigned ? Retired ? Terminated ? Deceased ? Left for New Job ? Convicted of Crime or Other Misconduct ? Other

Last date of employment with this 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

Form E (IL 569-00006) Revised 02/01