

1. Type of Notice: Appointment
 Separation
 Status Change (Do not use to change an officer from full-time to

NOTICE OF APPOINTMENT/SEPARATION
PLEASE TYPE ONLY
part-time or vice versa - this requires an appointment)

Illinois Law Enforcement Training and Standards Board
4500 South 6th St Road, Rm 173
Springfield, IL 62703-6177
217-782-4540

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. List all prior names used | 6. Sex M F | 7. Race AA AS CA HI NA |
| 8. Highest Educ. Level Achieved HS SC A B M PhD | 9. Agency Name, Address and Phone Number (Must be completed in full) | |
| 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

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|--|---|
| 13. <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Court Security <input type="checkbox"/> Coroner <input type="checkbox"/> State's Attorney <input type="checkbox"/> Auxiliary <input type="checkbox"/> Other Has Completed: <input type="checkbox"/> LETSB Certified Law Enforcement Basic Training Course <input type="checkbox"/> LETSB Certified Correctional Basic Training Course <input type="checkbox"/> LETSB Certified Part-time Basic Training Course <input type="checkbox"/> LETSB Certified Mandatory Firearms Training Course | Other: <input type="checkbox"/> Trained out of state <input type="checkbox"/> Has NOT satisfied the basic training Requirement |
| 14. Work Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary w/Firearms <input type="checkbox"/> Auxiliary w/ Conservator of Peace Power | |

SEPARATION INFORMATION APPLICABLE TO CURRENT AGENCY

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|---|
| 15. Reason for Separation: <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> Terminated for Cause <input type="checkbox"/> Deceased <input type="checkbox"/> Convicted of Criminal Offense <input type="checkbox"/> Other (Explain) Last date of employment with agency (mm/dd/yy): _____ |
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COMMENTS

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| 16. |
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ATTESTATION OF REPORTING OFFICIAL

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|--|--|---------------|
| 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 |

**INSTRUCTIONS FOR COMPLETION OF THE
NOTICE OF APPOINTMENT/SEPARATION FORM**

The Notice of Appointment/Separation form is to be completed and submitted to the BOARD prior to attendance at any Board Training Academy or MTU sponsored training course. This form must also be filled out if a person laterally enters or changes status within the same agency, or is separated from an agency that participates in the Board program **If the officer has been trained while employed by another agency, a Request for Waiver of Minimum Training Standards must accompany this form.** The Appointing/Separating agency should retain a copy of the completed form for their records.

The Identification Information section of the form must always be completed, AND either Appointment Information section or Separation Information section as appropriate. PLEASE TYPE.

Instructions for Completing the Form:

1. Place an X in the appropriate space. NOTE: Status change refers to rank, name, etc. **it cannot be used to change an officer from full-time to part-time or vice versa. This requires a separation and an appointment.**

IDENTIFICATION INFORMATION (verifying agency records that this information is correct)

2. NAME: Enter the person's last name, first name and middle name.
3. SOCIAL SECURITY NUMBER: Enter the person's Social Security Number. This information will be used solely as the unique identifier for the person in processing appropriate Board records.
4. DATE OF BIRTH: Enter the person's date of birth (month, day, year) in numerical form (e.g., 07-12-68).
5. PRIOR NAMES USED: Enter any and all names the person has been known as (e.g., maiden or married names, and AKA's). If additional space is needed, list in space 16.
6. SEX: Circle M (male) or F (female).
7. RACE: Circle the person's race or ethnic background. This information will be used by the Board for statistical purposes only. AA= African American, AS= Asian/Oriental American, CA= Caucasian American, HI= Hispanic American, NA= Native American.
8. EDUCATIONAL LEVEL: (please circle highest completed course work HS= high school, SC= some college, A= Associates, B= Bachelors, M= Masters, PhD/JD= Doctorate).
9. AGENCY: Enter complete name of the appointing/separating agency and phone number of Administration office.
10. RANK/CLASSIFICATION: Enter the person's rank or classification (e.g., police officer, sheriff, sergeant, lieutenant, chief, etc.).
11. DATE OF STATUS CHANGE: Enter the month, day and year of actual appointment or change of peace/correctional officer status (e.g., auxiliary peace officer is appointed as a part time officer). For convenience, this space and space 10 may be used to advise the Board that the person is promoted or demoted (e.g., to the rank of sergeant, lieutenant, captain, etc.) and explain in space 16.
12. Enter the complete name of agency that the person last (previously) served as a peace/correctional officer, and the beginning and ending dates of service with that agency.

APPOINTMENT INFORMATION

13. Place an X in the appropriate space.
13. COMPLETION OF LETSB CERTIFIED LAWENFORCEMENT BASIC TRAINING COURSE. Place an X here if appointee has successfully completed a Law Enforcement Basic Training Course at one of the Board's authorized academies.
13. COMPLETION OF LETSB CERTIFIED CORRE CTIONAL BASIC TRAINING COURSE. Place an X here if appointee has successfully completed a Correctional Basic Training Course at one of the Board's authorized academies.
13. COMPLETION OF LETSB CERTIFIED PART-TIMEBASIC TRAINING COURSE. Place an X here if appointee has successfully completed the Board's Part-Time Basic Training Course or the PEP program.
13. COMPLETION OF LETSB CERTIFIED MANDATORY FIREARMS TRAINING COURSE. Place an X here if appointee has successfully completed a Board certified firearms training course.
13. TRAINED OUT OF STATE. Place an X here if Individual received his law enforcement or corrections training out of state.
13. THE ABOVE-NAMED PERSON HAS NOT SATISFIED THE BASIC TRAINING REQUIREMENT. Place an X here if the appointee has not satisfied the basic training requirement; for example, the person is enrolled in a basic academy but has not graduated, or the person has been appointed as a peace officer but has not begun/completed basic training. Explain in space 16.
14. WORK STATUS. Place an X in the appropriate space. **NOTE: An Ordinance must be on file in the Board office for auxiliary officers that carry a firearm and for auxiliary officers that have conservator of the peace powers.**

SEPARATION INFORMATION

15. Place an X in the appropriate space for the reason of separation.
15. LAST DATE OF EMPLOYMENT: Enter the date of separation with your agency by month, day, year.

COMMENTS

16. Enter additional useful information that will clarify or supplement information provided in the Identification Information or Appointment Information sections.

ATTESTATION OF REPORTING OFFICIAL

17. The agency administrator must sign, print name and title, and date the Notice of Appointment/Separation form.