LETAC

Law Enforcement Training Advisory Commission

3171 Greenhead Drive, Suite B ✵ Springfield, IL 62711
Phone (217) 726-7014 ✵ Fax (217) 726-7833 ✵ Email: letac@sbcglobal.net
Ellen L. Petty, Director

Roster of Agency Personnel

Department: _____ **Chief or Sheriff**: _____

Phone:_____ **Fax**: _____ **Date Form Completed**: _____

TITLE/ RANK	OFFICER'S NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DATE OF HIRE	OFFICER STATUS	HOURLY WAGE

Instructions: Please complete the above information for EVERY officer in your agency. Make sure to identify the status of each employee *(Sworn FT, Sworn PT, Correctional, Court Security, Telecommunicators, Auxiliary, etc.)* This information is used for the purpose of keeping accurate course records and reporting to the Illinois Law Enforcement Training and Standards Board. If you have any questions, please call this office at (217) 726-7014. You may return the completed form via fax at (217) 726-7833. **THANK YOU!** ***Your cooperation is GREATLY appreciated!!***