

Department: \_\_\_\_\_

## **Law Enforcement Training Advisory Commission**

840 S. Spring Street, Suite B • Springfield, IL 62704

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Bob Crouch, Director

Chief or Sheriff: \_\_

## **Roster of Agency Personnel**

Phone:	Email:	rm Completed:			
Please complete all fields of the information for every officer in your agency. This information is used for the purpose of keeping accurate course records and reporting to the Illinois Law Enforcement Training and Standards Board. Officer Status refers to FT, PT, Correctional, Court Security, Auxiliary, Telecommunicator, etc. 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 or email to <a href="letac@mtu10.com">letac@mtu10.com</a> . You may also download this form in Excel Spreadsheet format from our website and submit it to us digitally. Please go to the "Forms" page of our website, <a href="https://www.letac.org">www.letac.org</a> to do so. THANK YOU! Your cooperation is GREATLY appreciated!!					
TITLE/	OFFICER'S	PTD ID NUMBER	DATE OF	STATUS	HOURLY
RANK	NAME		HIRE	(FT/PT)	WAGE