1. Type of Notice: ____ Appointment

Separation

NOTICE OF APPOINTMENT/SEPARATION PLEASE TYPE ONLY Status Change (Do not use to change an officer from full-time to

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

part-time or vice versa - this requires an appointment)												217-782-4540			
NOTICE: The Board is req of this information is MAN	uesting specific information of the second s	on that is necessary to accomp ould seek legal action against th	lish the sta hose agenc	tutory req ies failing	ireme to dis	nts as ou close the	tlined in required	Public Ac informat	t 79-652 ion.	and F	Public Act	79-720	. Disclo	sure	
2. Name - Last	First	Middle	3. Social Security Number						4. Date of Birth						
5. List an prior names used	1		6. Sex	м	F	7. Race AA	AS (CA HI	NA		Highest E IS SC				
9. Agency Name, Advess and Phone Number (Must be completed in full)					10. Rank/Classification										
		11. Date of Appointment/Status Change (mm/dd/yy)													
12. The above named pers	on's previous service us	a peace/correctional officer v	vas with											~	
Name of Agency		from (mm/dd/yy)							to (mm/dd/yy)						
APPOINTMENT INFOR	MATION			•											
Has Completed: Cher LETSB Certified Law Enforcement Basic Training Course LETSB Certified Correctional Basic Training Course LETSB Certified Part-time Basic Training Course LETSB Certified Mandatory Firearms Training Course					AttorneyAuxiliaryOther Trained out of state Attorney AuxiliaryOther Trained out of state Attorney AuxiliaryOther Requirement						14. Work Status Full Time Part Time Auxiliary w/Firearms Auxiliary w/ Conservator of Peace Power				
SEPARATION INFORM	ATION APPLICABLE	TO CURRENT AGENCY											-		
	:ResignedR ent with agency (mm/dd	etired Terminated for C	ause	Decease	1	Convic	tel of Ci	riminal C	ffense _	Ot	her (Expl	ain)			
COMMENTS															
16.															
ATTESTATION OF REP	ORTING OFFICIAL														
17. I attest that the inform information.	ation provided on this fo	rm is true and correct, and is	based on r	my person	al kno	wledge	or inquir	y. The p	ersonnel	l recor	ds of his	agency	y substa	ntiate thi	
Signature of Chief A	t Chief Ag	Agency Administrator's Name and Title							Date						
FORM E (IL 569-00006) Rev	ised 07/09	DO NO	OT FAX	[

ILETSB now requires academies to submit our rosters, complete with PTB numbers, 2 weeks prior to the start of the academy.

> All Form E's are electronically submitted by the departments through the ILETSB website. > SLEA does not need a copy of your Form E submission.

INSTRUCTIONS FOR COMPLETION OF THE NOTICE OF APPOINTMENT/SEPARATION FORM

The Notice of Appointm ent/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: Satus 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.
- 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).
- 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).
- RACE: Circle the person's race or ethnic background. This iformation 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.
 EDUCATIONAL LEVEL: (please circle highest completed course work HS= high school SC= some college A= Associates B=
- 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.
- RANK/CLASSIFICATION: Enter the person's rank or classification (e.g., police officer, sheriff, sergeant, lieutenant, chief, etc.).
 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 (p reviously) 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.
- COMPLETION OF LETSB CERTIFIED LAWENFORCEMENT BASIC TRAINING COURSE. Place an X hereif appointee has successfully completed a Law Enforcement Basic Training Course at one of the Board's authorized academies.
- 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.
- 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.
- 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 requirem ent; for ex ample, the person is enrolled in a basic a cademy 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.
- LAST DATE OF EMPLOYMENT: Enter the date of separation with your agency by month, day, year.

COMMENTS

 Enter additional useful inform ation that will clarify or supplem ent inform ation provided in the Identification Inform ation 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.