



PERSONNEL CHANGE-IN-STATUS



Please complete and return this form **within 7 days** of each change in status to:
Records Clerk, NLETCTC, 3600 N Academy Rd, Grand Island NE 68801

A. GENERAL INFORMATION: (To be completed for everyone)

1. Name _____
 Last First Middle

2. D.O.B.: _____ 3. S.S.N.: _____

4. Agency Name: _____ 5. Agency Phone No.: _____

6. Agency Address: _____
 Street or P.O. Box City State Zip

7. DATE OF HIRE OR DATE STATUS/CHANGE TOOK EFFECT ____ / ____ / ____

REASON FOR STATUS REPORT: Check one. If this is a newly hired officer and he/she was certified prior to 1985, verification of pursuit driving must be furnished to the employing agency.

New Employee (Check Appropriate Box) <input type="checkbox"/> Has NE Certification (Complete Sections C,E,H,&I) <input type="checkbox"/> Does Not Have NE Certification (Complete Sections C,F,G&I) <hr/> <input type="checkbox"/> Demotion (Complete Section D & I) <input type="checkbox"/> Appointment (Complete Sections C, E - I)	<input type="checkbox"/> Promotion (Complete Sections D & E) <input type="checkbox"/> Name Change <input type="checkbox"/> Death (Complete Section I) <input type="checkbox"/> No Longer Employed as a Law Enforcement Officer (<u>Does Not</u> have a Commission & <u>Can Not</u> exercise law enforcement powers, but still employed in a civilian capacity with this agency.)	<input type="checkbox"/> Retirement (Complete Section I) <input type="checkbox"/> Resignation (Complete Section B & I) <input type="checkbox"/> Dismissal (Complete Section B & I)	Medical and/or Retirement Incapacity Separation <input type="checkbox"/> (Complete Section I) As required in §81-1403; due to physical, mental, or emotional incapacity
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B. CIRCUMSTANCES OF LEAVING EMPLOYMENT: (Check one)

<input type="checkbox"/> Accepted law enforcement position with another agency	<input type="checkbox"/> Accepted position outside of law enforcement	<input type="checkbox"/> Dismissed for internal discipline reasons
<input type="checkbox"/> Unable to meet agency performance standards	<input type="checkbox"/> Resigned at request of the agency	<input type="checkbox"/> Dismissed for committing a criminal act
<input type="checkbox"/> Other _____		

C. CURRENT/NEW POSITION: (Check one)

<input type="checkbox"/> Trainee, Not Appointed	<input type="checkbox"/> Full-time officer	<input type="checkbox"/> Part-time officer	<input type="checkbox"/> Reserve Officer
<input type="checkbox"/> Sheriff	<input type="checkbox"/> Chief	<input type="checkbox"/> Marshal	

D. RANK CHANGE:

Current Rank: _____

Previous Rank: _____

Date of Rank Change: ____/____/____

E. CERTIFICATION/TRAINING:

Currently Nebraska certified: ____ Yes ____ No

Type of Certification:

- Basic (Nebraska)
- Supervision
- Management
- Reserve

F. OTHER STATE/FEDERAL LAW ENFORCEMENT EMPLOYMENT:

Agency/State	Position	Dates of Employment	Certificate or License	
_____	_____	_____	____ Yes	____ No
_____	_____	_____	____ Yes	____ No
_____	_____	_____	____ Yes	____ No
_____	_____	_____	____ Yes	____ No

G. INFORMATION FOR STATISTICAL PURPOSES:

- | | | | | | |
|--------|---------------------------------|----------------------|--------------------------------|--|--|
| Gender | <input type="checkbox"/> Male | Racial/Ethnic Group: | <input type="checkbox"/> Black | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> American Indian |
| | <input type="checkbox"/> Female | | <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian or Pacific Island |

H. CERTIFICATION REQUIRED FOR RETURN TO ACTIVE STATUS:

(To be completed if the employee is a Nebraska certified officer who has been on inactive status for over 30 days and less than 10 years.)

I certify the employee named on this report has shot and passed the State Handgun Qualification Course in compliance with Rule and Regulation, Title 79, Chapter 11 and that the employee has a valid CPR/First Aid certification.

Signature of Sheriff, Chief, or Hiring Authority

Date

I. CERTIFICATION:

I, the undersigned, hereby certify that the above and foregoing information contained on this form is accurate, true and correct.

Signature of Sheriff, Chief, or Agency Head

Date