



Vermont Criminal Justice Council Employment Change Notification Form

This form is to be filled out within **ten (10) business days** of the appointment or removal of an elected or appointed official, to include: constables, police chiefs, municipal police officers, state law enforcement officers, and sheriff's officers.

Personally Identifiable Information

Last Name	First Name	M.I
Agency	DOB	Last 4 SS

Appointment of Duty

The above named officer (Check appropriate box)

- Hired Rank _____ Certification Level of Officer _____
- Has changed in rank from _____ to _____
- Extended Leave - Type: _____ **Date leave Begins:** _____
- Returning from Leave **Date returning from leave:** _____
- Other (Explain)

Separation of Duty

The above named officer (Check appropriate box)

- Resigned Retired Discharged Deceased Other: _____
- Failed to successfully complete probationary period: Resigned Discharged

Constables

The above named individual has been (Check appropriate box) Elected Appointed
 Constable for the Town of _____ From _____ to _____
 Will Will Not - be exercising law enforcement powers as a Constable.

Name Change

Please note the following name change (new name):

Last _____ First _____ MI _____

Agency Head or Designee Use Only:

Before hiring I have contacted prior law enforcement agencies for background information ([20 V.S.A. § 2362a](#))

Effective Date of Changes: _____

Printed Name: _____ Date: _____ Title: _____

Send completed form to the Academy's Administrative Services Coordinator:
Mail: 317 Academy Rd. Pittsford, VT 05763 **Email:** jennifer.hier@vermont.gov **Fax:** (802) 483-2343