



# 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.

**Send completed form to the Academy's Administrative Services Coordinator:**

**Mail:** 317 Academy Rd. Pittsford, VT 05763 **Email:** gail.williams@vermont.gov **Fax:** (802) 483-2343

## 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 \_\_\_\_\_
- Returning from extended leave. Type of Leave \_\_\_\_\_
- Other (Explain) \_\_\_\_\_
- Before hiring I have contacted prior law enforcement agencies for background information ([20 V.S.A. § 2362a](#))

## 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:

Effective Date of Changes: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_