



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.

Town Manager or Designee: _____ Email: _____

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: _____