This form must be used for agencies looking to obtain a waiver for:

• Any Level II or Ill law enforcement officer who has not been employed as a Level Ill law enforcement officer in Vermont or as a training coordinator for the Vermont Police Academy for a period of more than three (3) consecutive years.

Any level II or III law enforcement officer that has been decertified pursuant to Council rule, has not been employed in law enforcement for a period of three (3) years or less and is eligible for recertification must submit a request for recertification in writing to the Executive Director for review.

certificatio	n in writing to the Executive D	irector for review.	.gg.	· 3	
Last Name	:	First Name:		MI:	DOB:
Last 4 SS#	:	Agency:			
Level of Co	ertification:				
In the sp check off	ace below submit what requivelent which box supports the re	uirements are bein ason for the reques	g requested it.	to come back i	nto compliance and
Reason for Request: Medical FMLA Military Administrative Other—Please explain:					
To be filled in by Agency Head or Designee					
Name:				Date:	
Title:					
Signature:					
VCJC Staff Use					
Approved	Rejected By:			Date:	
Approved Time Frame for Completion: 30 Days 60 Days 90 Days Other					