



Personal Change-In-Status Form

This form must be completed and returned within 7 days of each change in status to:
Records Clerk, NLETC, P.O. Box 2700, Grand Island, NE 68802

General Information: *(Complete entire section for each action.)*

Name: _____
Last First MI

D.O.B.: _____ Last 4 Digits of SSN: _____ Gender: _____

Racial/Ethnic Group: _____

Agency Information:

Agency Name: _____ Agency Phone: _____

Agency Address: _____
Street or PO Box City State Zip

Agency Email Address: _____

Effective Date of Status and/or Change: _____

Check all of the boxes that apply in the sections on the remainder of the document.

New Employee: *(Does **not** have Nebraska Certification)*

- Trainee (Employed by the agency, but not yet appointed as a law enforcement officer)
- Date of appointment as Law Enforcement Officer _____ *(Neb. Rev 81-1414 (6) Individual will be enrolled in the next scheduled session; Can only work for 16 consecutive weeks)*
- Full Time Officer Part-time Officer Reserve Officer

New Employee: *(Has a Nebraska Certification)*

- Full Certification Certified as a Reserve Officer

Date of Appointment as a Law Enforcement Officer with your Agency: _____

The following documents must be submitted with this form for a Nebraska Certified Officer:

- Completed Background Verification Form *(TC-915)*
- Code of Ethics or Applicant Attestation form *(Attestation form if Code of Ethics is on file at NLETC.)*
- Employee's Authority to Release Information *(791 form TC-919)*

Name Change: *(complete this section to show a legal name change.)*

Previous Name New Name

Previous sworn law enforcement employment:

Agency Name

Dates of Employment

Return to active status:

New employee that has not been employed as a law enforcement officer (inactive) for more than thirty (30) days but less than four (4) years. The new employee has met the following requirements:

- Qualified with handgun. Date: _____
- Updated CPR/First Aid. Date: _____

Certification: *(This must be signed by Agency Head or Hiring Authority.)*

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

Printed Name and Title: _____

Signature: _____

Date: _____