

## 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 <u>not</u> 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

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Rank and/or Rank Change: (Select or complete appropriate section.)			
Full Time Officer Part Time Officer Reserve Sheriff: Elected Appointed (Circle One)			
Supervisory Position Management Position (See Title 79 Chapter 1 to define Supervisor or Manager)			
Change In Rank:  Previous Rank  New Rank			
Separation of Employment: (Select or complete appropriate section.) Resignation:			
In-Lieu-of termination. Grounds based on 81-1414.15. Report required to be submitted within 30 days of action to the NLETC Director, the Crime Commission designee.			
Before initiation or completion of an internal affairs investigation into allegations that, if founded, could result in revocation.			
Accepted law enforcement position with another law enforcement agency			
New Agency:			
Accepted non-sworn position.			
Other:			
Dismissal:			
Grounds based on 81-1414.15. Report required to be submitted within 30 days of action to the NLETC Director, the Crime Commission designee.			
Agency discipline not based on 81-1414.15.			
Unable to meet agency standards.			
Other:			
Retirement:			
Good standing.			
In-Lieu-Of termination based on 81-1414.15. Report required to be submitted within 30 days of action to the NLETC Director, the Crime Commission designee.			
Before initiation or completion of an internal affairs investigation into allegations that, if founded, could result in revocation.			
Other:  Due to physical, mental, or emotional incapacity.  Resignation  Dismissal  Death			

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	o active status:	
		employed as a law enforcement officer (inactive) for more than (4) years. The new employee has met the following
	equirements:	(1) years. The new employee has met the following
	Qualified with handgun.	Date:
	Updated CPR/First Aid.	Date:
ertifica	tion: (This must be signed by Age	ncy Head or Hiring Authority.)
ĺ	the undersigned hereby certify t	that the above and foregoing information contained on this form
	te, true and correct.	and the above and foregoing information contained on this for
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