



Personal Change-In-Status Form

This form must be completed and returned **within 7 days** or each change in status to:
 Records Clerk, NLETC, 3600 N Academy Rd, Grand Island, NE 68801

General Information: (To be completed for everyone)

Name: _____
 (Last, First MI)

D.O.B.: _____ S.S.N.: _____

Gender: Male Female Racial/Ethnic Group: Black White Hispanic Other Unknown
 American Indian/Alaska Native Asian/Pacific Islander

Agency Name: _____ Agency Phone: _____

Agency Address: _____
Street or PO Box City State Zip

Date of Hire or Date Status/Change Took Effect: _____

Reason for Status Report: Check applicable box/boxes. (If this is a newly hired officer and he/she was certified prior to 1985, verification of pursuit driving must be furnished to the employing agency.)

New Employee: (Check appropriate box)

Has NE Certification **OR** Does NOT have NE Certification

Basic or Reserve Date of Appointment: _____
 (May perform Law Enforcement Duties)

The following documents **MUST** be submitted along with the Change In Status Form

Background Verification and Trainee (May NOT perform any law enforcement duties.)
 Code of Ethics **OR** Attestation Form

Rank: Chief Sheriff Marshal Full-Time Officer Part-Time Officer
 Reserve working 100 hours or less Other: _____

Change in Rank:
 Current Rank: _____ New Rank: _____

Name Change:
 Current Name: _____ New Name: _____

Separation of Employment:

Death
 Retirement
 Retirement due to incapacity (As required in §81-1403; due to physical, mental, or emotional incapacity)
 Retirement In-Lieu of Termination
 Resignation

In-Lieu of Termination (NRS 1456; must report to Crime Commission within 30 days)
 Accepted Non-Law Enforcement Position
 Accepted Law Enforcement Position with another agency
 Due to physical, mental or emotional incapacity (NRS 81-1403)
 Other: _____

Separation of Employment: *continued*

Dismissal

- Grounds based on NRS 81-1456 (must report to Crime Commission within 30 days)
- Unable to meet agency standards
- Internal discipline reasons (Other than NRS 81-1456)
- Due to physical, mental, or emotional incapacity (NRS 81-1403)

Certification required for Return to Active Status: *(To be completed if the employee is a Nebraska Certified officer who has been on inactive status for over 30 days and less than 10 years.)*

I certify the employee named on this report has shot and passed the State Handgun Qualification Course in compliance with Rule and Regulation, Title 79, Chapter 11 and that the employee has a valid CPR/First Aid certification.

Signature of Sheriff, Chief, or Hiring Authority

Date

Other State/Federal Law Enforcement Employment:

Agency/State	Position	Dates of Employment	Certificate or License	
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Certification:

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

Signature of Sheriff, Chief, or Hiring Authority

Date