

NOTICE: The Board is requesting specific information that is necessary to accomplish the statutory requirements as outlined in Public Act 79-652 and Public Act 79-720. Disclosure of this information is **MANDATORY**. The Board could seek legal action against those agencies failing to disclose the required information.

2. Name - Last	First	Middle	3. Social Security Number	4. Date of Birth
5. Prior Names Used	6. Sex M F	7. Race AA AS CA HI NA	8. Educational Level HS SC A B M PHD	

9. Agency Name, Address and Administration Phone Number

10. Rank/Classification

11. Date of Status Change (mm/dd/yy)

12. The above named person's previous service as a peace/correctional officer was with

Name of Agency _____ from (mm/dd/yy) _____ to (mm/dd/yy) _____

APPOINTMENT INFORMATION

13. Law Enforcement Correctional Coroner State's Attorney Trained Out of State Other

Completion of LETSB Certified Law Enforcement Basic Training Course
 Completion of LETSB Certified Correctional Basic Training Course
 Completion of LETSB Certified Part-time Basic Training Course
 Completion of LETSB Certified Mandatory Firearms Training Course
 The above-named person has NOT satisfied the basic training requirements

14. Work Status Full Time Part Time Auxiliary

Number of hours worked per week _____

Hourly Pay Rate \$ _____

SEPARATION INFORMATION

15. Reason for Separation: Resigned Retired Terminated Deceased Left for New Job Convicted of Crime or Other Misconduct Other

Last date of employment with this agency (mm/dd/yy): _____

COMMENTS

16. _____

ATTESTATION OF REPORTING OFFICIAL

17. I attest that the information provided on this form is true and correct, and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate this information.

Signature of Chief Agency Administrator _____ Date _____

Print Chief Agency Administrator's Name and Title _____

FORM B (IL 569-00006) Revised 6/97