

PO Box 3133, Baton Rouge, LA 70821

Fax: 225-342-1672, Email: POST@lcle.la.gov

Employment Status Change Report

(Please print information clearly)

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|---|---|
| Section 1: Officer Information | |
| Agency: | New Hire Date: |
| Officer's Full Name: (First Middle Last) | Status Change Date: |
| | Driver's License #/State: |
| Date of Birth (MM/DD/YYYY): | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Full SSN: | Employment Status: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Reserve |
| *Officer's Home Mailing Address: *if there is possible cause for POST certification revocation | Officer's Email address: |
| Section 2: Reason for submission | |
| <input type="checkbox"/> New Hire <input type="checkbox"/> Status Change <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Terminated** <input type="checkbox"/> Involuntarily Resignation ___ in lieu of termination <input type="checkbox"/> Supplemental information attached ___ in lieu of investigation <small>**If there is possible cause for POST certification revocation, attach explanation.</small> | |
| Section 3: Separation information | |
| Does the agency have knowledge of conduct that may fall under the categories listed below: (check all that apply) | |
| <input type="checkbox"/> Conviction of malfeasance in office <input type="checkbox"/> Felony conviction <input type="checkbox"/> Civil rights violation <input type="checkbox"/> Convicted of a misdemeanor involving the crime of domestic abuse battery <input type="checkbox"/> The officer has failed to complete additional training as required as prescribed by the council. (i.e. in-service, etc.) | |
| Section 4: This section must be signed by the Agency Head | |
| <i>I declare, under penalty of perjury, under the laws of the State of Louisiana, the above information is true and correct to the best of my knowledge.</i> | |
| Printed name of Agency Head or Designee: | Date: |
| Agency Head or Designee Signature: | |

EMPLOYMENT/STATUS CHANGE REPORT

FORM INSTRUCTIONS:

1. All Louisiana Law Enforcement agencies are **required** to submit this form to POST for any and all employment status changes for all peace officers. (LA R.S. 15:1212 (B)4 and LA R.S. 40:2405(J))
2. This form is to be completed and submitted to POST in the following circumstances:
 - New Hire – any new hire, with or without prior law enforcement experience. *If the new employee has prior law enforcement experience or POST Certification, please submit a completed PC-201 in addition to the EMPLOYMENT/STATUS CHANGE REPORT to verify their current POST Certification Status. The PC-201 form can be obtained on the POST website (www.lcle.la.gov/POST).*
 - Voluntary Resignation
 - In-Resignation (in lieu of termination)
 - In-Resignation (in lieu of investigation)
 - Retirement
 - Termination – further information may be required, see form.
 - Reinstatement
 - Status Change – full-time to part-time, reserve to full-time, etc. – report as “New Hire”.
 - Death
3. Please fill out the separation information if the agency has knowledge of conduct that may fall under the categories listed: Conviction of malfeasance in office, felony conviction, civil rights violation or convicted of a misdemeanor involving the crime of domestic abuse battery.
4. If officer is NOT a new hire, make sure to enter the date employment began at agency.
5. Please print (or type) all the requested information clearly.
6. All information requested on the form must be completed. Incomplete forms will be returned.
7. This form **must** be signed by the Agency Head or Designee. Forms without appropriate signature will be returned.
8. This form must be submitted to POST within **30 days** of the change.
9. This form can be obtained on the POST website – www.lcle.la.gov/POST.
10. This form may be faxed to POST at (225) 342-1672 or emailed to POST@lcle.la.gov. You are not required to submit an original copy.