

**Kansas Commission on Peace Officers' Standards and Training
(KS-CPOST)**

Notice of Termination or Status Change

(To Update Demographic and Employment Status on File at KS-CPOST)

This form must be completed by employers of law enforcement officers anytime a law enforcement officer changes his or her employment status with the agency. Completion and submission of this form within 30 days of the officer's change of status is required by KSA 74-5611a. Failure to comply with the requirements of the statute may subject the agency or administrator to criminal or administrative penalties.

Officer and Agency Information

Box 1

File / Certification Number: _____

Name: _____
First MI Last

Agency Name: _____ Agency ORI Number: _____

Reason for Change

Box 2

Please Check the Reason This Form Is Being Completed:

- Change in Employment Classification (Complete Box 3)
- Termination or Separation from Employment (Complete Box 4)
- Change of Name (Complete Box 5)
- Change in Rank or Title (Complete Box 6)
- Return to Duty from Medical, Military or Other Leave:
Effective Date of Return: _____
- Other (Please Specify) _____

Classification Change

Box 3

Please Change the Law Enforcement Officer's Classification:

- From Part-Time Status to Full-Time Status
- From Full-Time Status to Part-Time Status

(Note: KSA 74-5602(g) defines "Part-Time" as employment on a regular schedule or employment which requires a minimum number of hours each payroll period, but in any case requiring less than 1,000 hours of law enforcement related work per year. KSA 74-5602(f) defines "Full-Time" as employment requiring at least 1,000 hours of law enforcement related work per year.)

Effective Date of Change: _____
MM-DD-YYYY

Please complete the following termination report as adopted by the KS-CPOST Executive Director on March 1, 2012 in accordance with K.S.A 74-5611a(d).

Note: K.S.A. 74-5611a(d) mandates that "the agency head shall include a report explaining the circumstances under which the officer resigned or was terminated."

K.S.A. 74-5611a(e)(1) further states that the agency, agency head and any officer or employee of the agency shall be absolutely immune from civil liability for the report made in accordance with K.S.A. 74-5611a(d).

Effective Date of Termination or Separation from Employment: _____
MM-DD-YYYY

Reason (Please Check Only One):

- Voluntary Resignation (Under Ordinary Circumstances) (C):** Officer resigned for personal or professional reasons and not to avoid potential disciplinary or adverse employment action.
- Voluntary Resignation (Under Questionable Circumstances) (I):** Officer resigned while being investigated or investigative, disciplinary, or legal action was being contemplated.
- Involuntary Negotiated Resignation (I):** Officer was offered the opportunity to resign to avoid potential disciplinary or adverse employment or legal action.
- Termination (I) :** Officer's employment was terminated involuntarily.

Complete the following for all above "I" code termination or separation reasons. (Check all that apply)

- Performance Issue(s)
- Possible Training Act Violation(s) (K.S.A. 74-5605 and 74-5616)
- Internal Investigation
- Other

Please give a brief description (attach a letter if more room is needed): _____

Please provide the officer's last known address and phone number: _____

Other: Please specify by selecting one of the choices below

- | | |
|---|--|
| <input type="checkbox"/> Medical Leave (O) | <input type="checkbox"/> Retired (E) |
| <input type="checkbox"/> Military Leave (S) | <input type="checkbox"/> Killed in the Line of Duty (M) |
| <input type="checkbox"/> Other Leave (S) Please Specify:
_____ | <input type="checkbox"/> Died Other Than in the Line of Duty (Q) |
| | <input type="checkbox"/> Medical Resignation (K) |

Note: Information requested in Box 4 must be disclosed pursuant to KSA 74-5611a(d), effective July 1, 2004.

Name Change**Box 5**

Please change the Law Enforcement Officer's name to:

Last_____
First_____
MI

(Note: Please provide official documentation reflecting the name change, i.e. Driver's License, Social Security Card, Marriage Certificate, Court Order, etc.)

Rank or Title Change**Box 6**

Please Change the Law Enforcement Officer's Rank or Title to:

Effective Date of Change: _____

MM-DD-YYYY

Agency Head/Appointing Authority Signature**Box 7**

Name of Agency Head/Appointing Authority: _____

Title of Agency Head/Appointing Authority: _____

By signing my name below, I certify under penalty of perjury that there are no willful misrepresentations, omissions, or falsifications in the information provided on this form.

Signature of Agency Head/Appointing Authority_____
Date

Mail Completed Form To:

Central Registry Manager
KSCPOST
1999 N Amidon Ste 350
Wichita, KS 67203

**"Defenders of
Integrity and Truth"**

Or fax:

(316) 832-9679