



NOTICE OF PEACE OFFICER APPOINTMENT/TERMINATION (mark appropriate box)

Appointment Appointment Status Change (e.g., reserve to full/parttime) Termination Correction to Record - highlight correction(s)

Personal Information Disclosure Statement - Pursuant to the Federal Privacy Act (Public Law 93-579), notice is hereby given for the request of personal information. The Ohio Peace Officer Training Commission and Academy require personal information for the purpose of accurately recording training, agency/school affiliation, and testing information. Your Social Security Number will not be disclosed to individuals or agencies except in accordance with state and federal law and policy of the Ohio Peace Officer Training Commission and the Office of the Attorney General of the State of Ohio. Failure to provide any of the requested information may result in an incomplete training record and certain services may be delayed.

INSTRUCTIONS

- Completion of this Notice form is required within 10 days of appointment or termination for all peace officers as defined in ORC 109.71(A).
- Use this Notice to report new appointments, appointment status changes, corrections (including name changes), and terminations.
- Sections A, B, and E must be completed, then complete Section C and pages 2 and 3 or Section D as appropriate.
- Please type or legibly print (in ink) all required information.
- Mail or fax this Notice to OPOTC at the below address within 10 days of such actions, as required by Ohio Revised Code 109.761.

A. OFFICER INFORMATION		
1. SOCIAL SECURITY NUMBER	2. NAME (Last) (First) (Middle)	3. BIRTHDATE (mm/dd/yyyy)
4. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	5. ALIAS (Last) (First) (Middle)	6. HOME PHONE NUMBER ()
7. DRIVER'S LICENSE #	8. HOME STREET/MAILING ADDRESS (#/Street/PO Box) (City) (County Name) (State) (Zip Code)	

B. AGENCY INFORMATION		
9. AGENCY NAME	10. APPOINTING AUTHORITY'S NAME & TITLE	11. AGENCY PHONE NUMBER ()
12. AGENCY STREET/MAILING ADDRESS (#/Street/PO Box) (City) (County Name) (State) (Zip Code)		

C. APPOINTMENT INFORMATION			
13. APPOINTMENT DATE (mm/dd/yyyy)	14. CURRENT RANK	15. TITLE/ POSITION	16. ORC SECTION
17. APPOINTMENT STATUS (mark appropriate box) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special		18. APPOINTEE'S FIRST PEACE OFFICER APPOINTMENT? <input type="checkbox"/> yes (Complete all of page 2) <input type="checkbox"/> no (Complete pages 2 and 3 – an update evaluation will occur)	

D. TERMINATION INFORMATION	
19. TERMINATION DATE (mm/dd/yyyy)	20. REASON FOR TERMINATION (mark appropriate box) <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Felony Conviction <input type="checkbox"/> Other

E. ATTESTATION OF REPORTING OFFICIAL		
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 the information on this form.		
SIGNATURE OF REPORTING OFFICIAL	NAME & TITLE OF REPORTING OFFICIAL (Typed or Printed Legibly)	DATE