

PERSONNEL ACTION

F-4

Please provide information requested for action being reported; send form to APSC within 30 days of action. Use back of form if necessary or attach additional sheets. Upon receipt of F-4 for a new employee, APSC will forward the agency a Field Training Manual for that officer, if appropriate.

Last Name	First	Middle	Date of Birth
Address		City	State Zip
Agency		Rank	
PERSONNEL ACTION			Effective Date:
<input type="checkbox"/>	New Employee / Rehire	Social Security#	
<input type="checkbox"/>	Rejected Applicant	Reason:	
<input type="checkbox"/>	Promotion	From:	
<input type="checkbox"/>	Demotion	From:	
<input type="checkbox"/>	Resigned		
<input type="checkbox"/>	Retired		
<input type="checkbox"/>	Terminated		
IF TERMINATED . . .		* Please explain on the back of this form or on an attachment.	
*What was the employee terminated for?			
Do you recommend de-certification? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
IF RESIGNED . . .		* Please explain on the back of this form or on an attachment.	
Did the employee resign in lieu of termination? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No*			
Was the employee under any investigations for wrongdoing? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
IF NEW OR REHIRED EMPLOYEE . . .			
Prior certification(s) held: <input type="checkbox"/> Police <input type="checkbox"/> Corrections <input type="checkbox"/> Probation/Parole			
From which state:			
I swear the information provided above is true and accurate.			
Signature of reporting official:			Date:
APSC USE	Officer Number:	FTM Mailed:	

Personnel and training records maintained by APSC depend on the regular use of this form by all agencies. The information concerning rejected applicants and terminations is of particular value to all departments in the state and may be made available to requesting criminal justice agencies.