

Kansas Commission on Peace Officers' Standards and Training (KS-CPOST) Officer Status Change Form

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

This form must be completed by an agency head 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: _____

Classification Change Box 2

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

Officer Leave from Law Enforcement Status Box 3

Effective Date of Leave from Law Enforcement Status: _____
MM-DD-YYYY

Please specify by selecting one of the choices below:

Medical Leave (O)

Military Leave (S)

Other Leave (S) Please Specify:

Return from Leave:

MM-DD-YYYY

Officer Deceased

Box 4

Date of passing: _____
MM-DD-YYYY

Please specify by selecting one of the choices below:

- Killed in the Line of Duty (M)
- Died Other Than in the Line of Duty (Q)

Name Change

Box 5

Please change the Law Enforcement Officer's name to:

Last

First

MI

(Note: Agency must verify that the name listed above is the officer's legal name.)

Rank or Title Change

Box 6

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

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