



VCJTC Employment Notification Form

There is a legislative requirement to notify VCJTC within five (5) days of the appointment or removal of an officer. This includes the appointment or removal of the Chief of Police. See statute: 20 VSA 2362

Last Name: _____	First Name: _____	Middle Initial: _____
Last 4 Digits of SSN: _____	Date of Birth: _____	
Agency: _____		
Appointment of Duty:		
<i>The above-named officer: (check appropriate box)</i>		
a. <input type="checkbox"/> Hired Rank: _____ Certification Level of Officer: _____		
b. <input type="checkbox"/> Has Changed in rank from _____ to _____		
c. <input type="checkbox"/> Returning from extended leave: Type of leave: _____		
d. <input type="checkbox"/> Other (explain): _____		
Separation of Duty:		
<i>The above-named officer: (check appropriate box)</i>		
a. <input type="checkbox"/> Resignation b. <input type="checkbox"/> Retirement c. <input type="checkbox"/> Discharged d. <input type="checkbox"/> Deceased		
e. <input type="checkbox"/> Other (explain): _____		
f. <input type="checkbox"/> Failed to successfully complete probationary period: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged		
Constables:		
<i>The above-named individual has been <input type="checkbox"/> elected <input type="checkbox"/> appointed (check one)</i>		
constable for the Town of _____ from _____ to _____		
<input type="checkbox"/> Will <input type="checkbox"/> Will Not – be exercising law enforcement powers as a Constable		
Name Change:		
Please note the following name change (new name):		
Last: _____ First: _____ MI: _____		
Agency Head or Designee use Only:		
Effective Date of Changes: _____		
Printed Name: _____ Date: _____ Title: _____		

Send completed form to the Academy's Administrative Services Coordinator by:
Fax: (802) 483-2343 or Mail: VT Police Academy, 317 Academy Road, Pittsford, VT 05763 or Email: Gail.Williams@vermont.gov