



# FORM 31

## Employment Update

**Submit within 10 days after change of status to:**

Department of Criminal Justice Services  
805 E. Broad Street, Richmond, VA 23219  
Please type or print clearly

Officer's Current Name: (Last, First, Middle Initial)

Social Security Number:

Agency/Department:

Rank Changed to:

Date of Rank:

Name Change: (Provide former Last, First and Middle Name)

**Change Primary Function to:**

- |   |  |
|---|--|
| <input type="checkbox"/> Law Enforcement Officer              | <input type="checkbox"/> Dispatch/Communications Officer |
| <input type="checkbox"/> Jail Officer/Inmate Security         | <input type="checkbox"/> DOC Corrections Officer         |
| <input type="checkbox"/> Court Security/Civil Process Officer | <input type="checkbox"/> DOC Non-Custodial Officer       |
|   | <input type="checkbox"/> Instructor Only                 |

Date of Function Change: \_\_\_\_\_

**For Secondary Functions:** Please list any changes in secondary functions for which you will require training and certification:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Law Enforcement Officer      | <input type="checkbox"/> Dispatch/Communications Officer      | <input type="checkbox"/> Animal Control Officer |
| <input type="checkbox"/> Jail Officer/Inmate Security | <input type="checkbox"/> Court Security/Civil Process Officer |   |

**Termination:**

Employment with the above Agency/Department has been terminated for the following reason: (include date of change)

- |   |  |
|---|--|
| <input type="checkbox"/> Resigned _____             | <input type="checkbox"/> Deceased _____        |
| <input type="checkbox"/> Retired _____              | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Terminated for Cause _____ | _____  |

**Attest: I CERTIFY that the above statements are true and correct to the best of my knowledge and that I am authorized to submit this information. Print and Sign name.**

Submitted by:

Title:

Telephone:

Date: