



FORM 31

Employment Update

Submit within 10 days after change of status to:

Department of Criminal Justice Services
1100 Bank Street, 12th Floor, Richmond, VA 23219
Please type or print clearly

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

Social Security Number:

Agency/Department:

Rank or Status Changed to:

Date of Rank or Status (mm/dd/year):

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: mm/dd/year. _____

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

- | | |
|---|--|
| <input type="checkbox"/> Law Enforcement Officer : (mm/dd/year) _____ | <input type="checkbox"/> Dispatch/Communications Officer : (mm/dd/year) _____ |
| <input type="checkbox"/> Jail Officer/Inmate Security: (mm/dd/year) _____ | <input type="checkbox"/> Court Security/Civil Process Officer : (mm/dd/year) _____ |

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

Resigned: (mm/dd/year) _____
Retired : (mm/dd/year) _____
Terminated for Cause : (mm/dd/year) _____

Deceased : (mm/dd/year) _____
Other: (Specify) _____
(mm/dd/year) _____

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 or type and Sign form.)

Submitted by:

Title:

Date:

Signature:

Telephone: