



STATE OF NEVADA  
**COMMISSION ON PEACE OFFICERS' STANDARDS AND TRAINING**  
**Records and Certification Section**  
 5587 Wa Pai Shone Avenue  
 Carson City, Nevada 89701  
 (775) 687-7678\*Fax (775) 687-4911

**PERSONNEL ACTION REPORT**

*Pursuant to NAC 289.350 and 289.360*

**SECTION "A" CLASSIFICATION**

APPLICANT IS

- |  |  |
|--|--|
| <input type="checkbox"/> NEW EMPLOYEE<br>Complete Sections A, B, D, E        | <input type="checkbox"/> TERMINATED EMPLOYEE<br>Complete Sections A, B, C, E |
| <input type="checkbox"/> A NAME CHANGE EMPLOYEE<br>Complete Sections A, B, E | <input type="checkbox"/> RECORDS UPDATE<br>Complete Sections A, B, D, E      |

The applicant is **CURRENTLY** a Nevada POST **CERTIFIED** Peace Officer.  Yes  No  
 The applicant is **CURRENTLY** a US citizen.  Yes  No  
 The applicant is **CURRENTLY** 21 years of age or older.  Yes  No  
 The applicant meets all requirements of NAC 289.110 (Standards of Appointment).  Yes  No  
*Pursuant to NAC 289.110 (1)(a) thorough Background Investigation Completed.* (New Employees Only)  Yes  No

**Name of Background Investigator (please print)** \_\_\_\_\_  
**Agency Completing Background Investigation** \_\_\_\_\_ Phone \_\_\_\_\_

- Reserve       Line       Supervision       Management       Executive

- CATEGORY I     CATEGORY II     CATEGORY III     RESERVE LIMITED

**SECTION "B" EMPLOYEE INFORMATION**

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_ POST ID# \_\_\_\_\_

**Current Name**  Male  Female Ethnic Origin \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Previous Name**  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Residence Address**  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Current Agency Information**  
 Agency Name \_\_\_\_\_ Hire Date (As A Peace Officer) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Agency Type  Police  Corrections / Detention  Parole / Probation  
 Tribal  Other – Please Specify: \_\_\_\_\_

**SECTION "C" TERMINATED EMPLOYEES**

*Terminated Employees includes those who transfer into non-sworn positions within the agency.*

Type of Action  Resigned  Discharged  Retired  Deceased  Other \_\_\_\_\_  
 Effective Date of Termination \_\_\_\_\_

**If DISCHARGED, was criminal activity involved which would be cause for suspension or revocation of the Certification pursuant to NAC 289.290?**  Yes  No

**Recommendations:** As a result of this termination, you as the agency administrator, make the following recommendation  
 No Action  Suspension  Revocation

**If "Suspension" or "Revocation" is recommended, supporting documentation MUST accompany this Personnel Action Report substantiating any criminal charges, to include the jurisdiction in which criminal charges were initiated.**

<b>Please type or print current name</b>	<b>Last</b>		<b>First</b>		<b>MI</b>
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**SECTION "D" PEACE OFFICER WORK EXPERIENCE**

List ALL Criminal Justice work experience (including Reserve Peace Officer). **DO NOT INCLUDE CURRENT NEVADA AGENCY**

Type of Agency  Police  Corrections / Detention  Parole / Probation  Tribal  Other: \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Agency Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Full Time Paid  Yes  No Reserve  Yes  No

Type of Agency  Police  Corrections / Detention  Parole / Probation  Tribal  Other: \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Agency Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Full Time Paid  Yes  No Reserve  Yes  No

Type of Agency  Police  Corrections / Detention  Parole / Probation  Tribal  Other: \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Agency Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Full Time Paid  Yes  No Reserve  Yes  No

Type of Agency  Police  Corrections / Detention  Parole / Probation  Tribal  Other: \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Agency Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Full Time Paid  Yes  No Reserve  Yes  No

**SECTION "E" AUTHORIZATION**

*I hereby affirm as the employee that I have reviewed the contents of this document and the information that is being submitted to the Commission on Peace Officers' Standards and Training is true and accurate and I understand that any misrepresented information is grounds to revoke my Basic Certificate pursuant to NAC 289.290.*

**NOTE:** Employee signature only required for newly hired employees.

Employee	_____	_____	_____	_____
	Name (Required)	Signature (Required)	Title	Date
Single Point of Contact	_____	_____	_____	_____
	Name	Signature	Title	Date
Agency Administrator or Designee	_____	_____	_____	_____
	Name	Signature	Title	Date
Phone Number _____	Fax Number _____			
SPOC E-Mail _____	Agency Administrator E-Mail _____			

**POST USE ONLY – DO NOT WRITE IN THIS SPACE**  
 (Initial and date each area that is applicable)

Reviewed \_\_\_\_\_ Date Entry \_\_\_\_\_