



# FORM 31

## Employment Update

*Information must be submitted in the T-REX Training Records System within 10 days after change of status.*

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:

Law Enforcement Officer

Dispatch/Communications Officer

Jail Officer/Inmate Security

DOC Corrections Officer

Court Security/Civil Process Officer

DOC Non-Custodial Officer

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:

Law Enforcement Officer : (mm/dd/year) \_\_\_\_\_

Dispatch/Communications Officer : (mm/dd/year) \_\_\_\_\_

Jail Officer/Inmate Security: (mm/dd/year) \_\_\_\_\_

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) \_\_\_\_\_

Deceased : (mm/dd/year) \_\_\_\_\_

Retired : (mm/dd/year) \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

Terminated for Cause : (mm/dd/year) \_\_\_\_\_

(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:

DCJS Form 31, Revised 09/10

**NOTE: Please, retain a signed copy for your records as a copy may be requested by the Department of Criminal Justice Services if errors are found.**