

# DEPARTMENT HEAD CHANGE

**IF THE OFFICER IS UNCERTIFIED, AN APPLICATION FOR CERTIFICATION MUST BE COMPLETED PRIOR TO COMPLETION AND SUBMISSION OF THIS FORM.**

Please submit this form via email to [elleigh.mills@cleet.state.ok.us](mailto:elleigh.mills@cleet.state.ok.us)

CLEET #: \_\_\_\_\_  
SSN #: XXX-XX- \_\_\_\_\_

## DEPARTMENT INFORMATION

Name of Department: \_\_\_\_\_  
Department E-Mail: \_\_\_\_\_ Telephone \_\_\_\_\_  
Department Head: \_\_\_\_\_ Title: \_\_\_\_\_

## EMPLOYEE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## APPOINTMENT OF INFORMATION

Date of Commission \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Title \_\_\_\_\_

### *O.S. 70 § 3311*

*Every law enforcement agency in this state shall, within thirty (30) days of a final order of termination or resignation while under investigation of a CLEET-certified peace officer, report such order or resignation in writing to the Director of the Council.*

## DEPARTMENT ADMINISTRATOR ATTESTATION:

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Original Signature of Department Administrator or Designee: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name of Department Administrator or Designee: \_\_\_\_\_ Title: \_\_\_\_\_

**\*\*Reminder - A Chief cannot sign his own appointment document. This document must be signed by the Mayor or someone in city administration.**