

## **CHANGE OF EMPLOYMENT**

PEACE OFFICER STANDARDS AND TRAINING BOARD

PFN 4

### **INSTRUCTIONS**

The Change of Employment form is to be used by an agency **ONLY** when a peace officer changes position or rank within the agency. It may be used to report the promotion or demotion of an officer or to report the change in assignment of an officer.

Specific instructions for completing the form are as follows:

#### **Peace Officer License Number**

The officer's four digit peace officer license number should be placed in this area. If the license number cannot be determined, the social security number of the officer must be used.

#### **Name**

The name of the peace officer should be printed in this area. It is preferred that the name be printed last name first, first name, then the middle initial.

#### **Agency Name**

The name of the agency submitting this form should be printed in this area.

#### **Date of Change**

The date that the change in position is effective should be placed in this area.

#### **New Position**

The new position of the officer should be printed in this area. If the change is not a position change, this area should be left blank.

#### **New Rank**

The new rank of the officer should be printed in this area. If the change is not in rank, this area should be left blank.

#### **Full/Part-Time**

If the new position or rank held by the officer is full time, an "F" should be placed in this area. If the new position or rank held by the officer is part-time, a "P" should be placed in this area.

#### **Former Position**

If the change of employment was in position, print the position held before the change in this area. If the change of employment was not in position, this area should be left blank.

#### **Former Rank**

If the change of employment was in rank, print the rank held before the change in this area. If the change of employment was not in rank, this area should be left blank.

#### **Narrative**

If needed, the lines below the boxes may be used to provide a narrative concerning the change of employment.

**Agency Administrator's Signature**

The agency administrator must sign this form.

**Date Signed**

The date that the form is signed should be recorded on this line.

A copy of this form should be retained by the agency. The original form should be sent to:

POST Board

PO Box 1054

Bismarck ND 58502-1054



**CHANGE OF EMPLOYMENT**  
PEACE OFFICER STANDARDS AND TRAINING BOARD  
PFN 4

Peace Officer License No.	Name (Last, First, MI)		
Agency Name			
Date of Change	New Position	New Rank	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Former Position	Former Rank	

**Narrative**

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Agency Administrator's Signature

\_\_\_\_\_  
Date Signed

Please retain a copy of this form and forward the original to the POST Board at:

Post Board  
PO Box 1054  
Bismarck ND 58502-1054