

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
EMPLOYMENT OR TERMINATION FORM**

AGENCY LICENSE #: _____ CITY/STATE: _____

AGENCY NAME (as on license): _____

Use ONE form for each employment period.

Pursuant to Rule 390:35-11-2 Licensed security agencies and investigative agencies shall notify CLEET, in writing, of the employment and/or termination of all licensed security guards, armed security guards, or private investigators employed or terminated by said agency. Notification shall be made within five (5) days of the employee's hiring and/or termination, and shall include the employee's name, social security number, and private security license number. Failure to comply may result in fines and/or penalties being assessed Pursuant to Rule 390:35 Appendix 'C'.

NOTICE OF EMPLOYMENT

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>SSN</u>	<u>License Number</u>	<u>Date Employed</u>
_____	_____	_____	XXX-XX-	_____	_____

EMPLOYEE: This notice of employment is to inform CLEET that the above-named person has been employed by this agency and will be covered under the agency's liability insurance. This notice is approved to replace a letter of employment and proof of insurance. It is not necessary to attach proof of your agency's insurance.



The individual named above has been employed as a security guard.



The individual named above has been employed as a private investigator.



The individual named above is an active Peace Officer in Oklahoma.



Continued Employment



INACTIVE EMPLOYEE EFFECTIVE

A. Leave Begin _____

B. Return to Duty _____

CONTRACTOR: PER 59 O.S. STATE STATUTE 1750.2 (7):



The individual named above is a CONTRACT security guard and will be covered under the agency's liability insurance.



The individual named above is a CONTRACT security guard and individual above will provide his/her own bond coverage.
Proof of the bond coverage must be attached with this notice of employment. (Unarmed Security Guards \$5,000 and Armed Security Guards \$10,000)

Print Name of Manager or Designee

Signature of Manager or Designee

Date

NOTICE OF TERMINATION

(Please note if person is deceased.)

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>LAST 4 OF SSN</u>	<u>License Number</u>	<u>Date Terminated</u>
_____	_____	_____	_____	_____	_____

Comments: _____

Print Name of Manager or Designee

Signature of Manager or Designee

Date

SIGNATURE OF MANAGER OR DESIGNEE REQUIRED FOR ACCEPTANCE