

DPSST

PERSONNEL ACTION REPORT

F-4

Forward To DPSST Within Ten Days Of These Actions

SECTION A: EMPLOYEE INFORMATION

<b>A</b>	2. Name: Last First Middle			3. Date of Birth	1. DPSST Number <small>(No number? Leave Blank)</small>	
	5. Agency		6. Division/Branch		4. Date Employed	
	8a. Discipline (Mark all that apply) (See Page 2 definitions) <input type="checkbox"/> Police <input type="checkbox"/> Parole & Probation <input type="checkbox"/> Emergency Medical Dispatch <input type="checkbox"/> Corrections <input type="checkbox"/> Telecommunications <input type="checkbox"/> Instructor (For DPSST/DOC mandated courses only)			8b. See page 2 for definitions <input type="checkbox"/> Certifiable <input type="checkbox"/> Non-Certifiable		
	8c. Are you currently in a certifiable position in more than one discipline? <input type="checkbox"/> Yes (If yes, check all that apply) <input type="checkbox"/> Police <input type="checkbox"/> Corrections <input type="checkbox"/> Parole & Probation <input type="checkbox"/> Telecommunications <input type="checkbox"/> Emergency Medical Dispatch <input type="checkbox"/> Certified Instructor					

SECTION B: NEW EMPLOYEE Complete Sections A, B, E

<b>B</b>	9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Race/Ethnicity	11. Social Security Number	12. Background Completed Per OAR 259-008-0015 <input type="checkbox"/> Yes <input type="checkbox"/> No						
	13. High School Education (List School, Location, State) <span style="float:right;"><input type="checkbox"/> Diploma   <input type="checkbox"/> GED</span>									
	14. Basic Course(s) Previously Completed <input type="checkbox"/> None <input type="checkbox"/> Corrections <input type="checkbox"/> Telecommunications <input type="checkbox"/> Police <input type="checkbox"/> Parole & Probation <input type="checkbox"/> Emergency Medical Dispatch			15. Date Fingerprints submitted to Oregon State Police I.D. Services						
	16. Prior Certifiable Experience (List only Full-Time) Full Time: Years _____ Months _____		<u>Certifiable Employment Dates</u>							
	Agency	Address	Month	Day	Year	Rank	Month	Day	Year	Rank

SECTION C: SEPARATION FROM EMPLOYMENT Complete Sections A, C, E

<b>C</b>	17. Date of Separation	18. Type of Separation			
		<input type="checkbox"/> Resignation <input type="checkbox"/> Resignation during investigation <input type="checkbox"/> Resignation in lieu of termination <input type="checkbox"/> Resignation - Other <input type="checkbox"/> Resignation - Settlement Agreement	<input type="checkbox"/> Lay-off <input type="checkbox"/> Deceased <input type="checkbox"/> Probationary Discharge <input type="checkbox"/> Probationary Discharge for FTEP Failure Only <input type="checkbox"/> Discharge for Cause	<input type="checkbox"/> Retirement <input type="checkbox"/> Retirement in lieu of termination <input type="checkbox"/> Retirement while under investigation <input type="checkbox"/> Medical Retirement <input type="checkbox"/> Other reason _____	

SECTION D: EMPLOYEE STATUS CHANGE Complete Sections A, D, E

<b>D</b>	19. Date of Status Change	20. Type of Status Change		
		<input type="checkbox"/> Promotion <input type="checkbox"/> Reclassification <input type="checkbox"/> Transfer	<input type="checkbox"/> Demotion <input type="checkbox"/> Demotion-Voluntary <input type="checkbox"/> Name Change	<input type="checkbox"/> Leave of Absence <input type="checkbox"/> Return from Leave of Absence
	21. Previous Rank, Position, Branch or Name	22. Current Rank, Position, Branch or Name	See page 2 for definitions of certifiable positions <input type="checkbox"/> Certifiable <input type="checkbox"/> Non-Certifiable	
<b>NOTE:</b> For employees new to a certifiable position, complete box #12, 13 and 15 in Section B				

SECTION E: SIGNATURE REQUIRED

<b>E</b>	23. I certify that the information entered on this form has been verified and is substantiated by records maintained by this agency. I understand that falsification of this document makes my certification(s) subject to denial or revocation under ORS 181.662 and OAR 259-008-0070.			
	Signature _____		Title _____	
	Agency Head or Authorized Representative		Date _____	
Printed Name _____		Date _____		

FOR DPSST USE ONLY

Certified Position <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Police <input type="checkbox"/> Corrections <input type="checkbox"/> P & P <input type="checkbox"/> Tele <input type="checkbox"/> EMD <input type="checkbox"/> Instructor	Training Required <input type="checkbox"/> Yes <input type="checkbox"/> No	FTM Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Processed By/Date
FP Number	LEDS <input type="checkbox"/> Clear	OJIN <input type="checkbox"/> Clear	E-Court <input type="checkbox"/> Clear	NDD Check   Processed By/Date

**Certifiable Positions:**

**"Police Officer"** means an officer or member of a law enforcement unit who is employed full-time as a peace officer commissioned by a city, port, school district, mass transit district, county, county service district authorized to provide enhanced law enforcement services under ORS 451.010, Indian reservation, the Criminal Justice Division of the Department of Justice, the Oregon State Lottery Commission, or the Governor, or a member of the Department of State Police who is responsible for enforcing the criminal laws of this state or laws or ordinances relating to airport security; and any full-time employee of the Agency who possesses requisite qualifications and is so certified pursuant to ORS 181.651.

**"Parole and Probation Officer"** means

- (a) any officer who is employed full-time by the Department of Corrections, a county or a court and who is charged with and performs the duty of:
  - (A) Community protection by controlling, investigating, supervising, and providing or making referrals to reformatory services for adult parolees or probationers, or offenders on post-prison supervision; or
  - (B) Investigating adult offenders on parole or probation or being considered for parole or probation; or
- (b) Any officer who:
  - (A) Is certified and has been employed as a full-time parole and probation officer for more than one year;
  - (B) Is employed part-time by the Department of Corrections, a county or a court; and
  - (C) Is charged with and performs the duty of:
    - (i) Community protection by controlling, investigating, supervising, and providing or making referrals to reformatory services for adult parolees or probationers or offenders on post-prison supervision; or
    - (ii) Investigating adult offenders on parole or probation or being considered for parole or probation.

**"Corrections Officer"** means an officer or member of a law enforcement unit who is employed full-time thereby and is charged with and primarily performs the duty of custody, control or supervision of individuals convicted of or arrested for a criminal offense and confined in a place of incarceration or detention other than a place used exclusively for incarceration or detention of juveniles; and any full-time employee of the agency who possesses requisite qualifications and is so certified pursuant to ORS 181.651.

**"Telecommunicator"** means any person employed as an emergency telephone worker as defined in ORS 243.736 or a public safety dispatcher whose primary duties are receiving, processing and transmitting public safety information received through a 9-1-1 emergency reporting system as defined in ORS 403.105.

**"Emergency Medical Dispatcher"** means a person who has responsibility to process requests for medical assistance from the public or to dispatch medical care providers.

**"Instructor"** means an individual who has completed the requisite training and certification requirements prescribed by statute, rule, and policy and has been certified by the Department. The Department will only certify instructors of mandated courses.

**"Full-Time Employment" (must meet this definition to be certifiable as police or corrections officer):** means the employment of a person who has the responsibilities as defined in ORS 181.610(3), (5), (9), (13), (14), (18) of this rule, who has the responsibility for, and is paid to perform the duties described in the above statute and administrative rule for more than 80 hours per month for a period of more than 90 consecutive calendar days. For purposes of this rule, any employment that meets the definition of seasonal, casual, or temporary employment is not considered full-time employment as a public safety professional.

**Non-Certifiable Positions:**

**"Reserve Officer"** means an officer or member of a law enforcement unit:

- (a) Who is a volunteer or who is employed less than full time as a peace officer commissioned by a city, port, school district, mass transit district, county, county service district authorized to provide law enforcement services under ORS 451.010, Indian reservation, the Criminal Justice Division of the Department of Justice, the Oregon State Lottery Commission or the Governor or who is a member of the Department of State Police;
- (b) Who is armed with a firearm; and
- (c) Who is responsible for enforcing the criminal laws and traffic laws of this state or laws or ordinances relating to airport security.

**Reference Information for Box Number 12:**

**"Background Investigation" OAR 259-008-0015**

- (1) A personal history investigation must be conducted by the employing agency on each public safety professional being considered for employment to determine if applicant is of good moral fitness (professional fitness).
- (2) Results of the personal history investigation on all public safety professionals must be retained by the employing agency and must be available for review at any reasonable time by representatives of the Department.
- (3) All applicants for public safety professional must be interviewed personally, prior to employment, by the agency head or an authorized representative.

**Dept. of Public Safety Standards & Training  
4190 Aumsville Hwy. SE, Salem, OR 97317  
Phone: 503-378-2100, Fax: 503-378-4600  
Web Page: [www.oregon.gov/DPSST](http://www.oregon.gov/DPSST)**