



# Personnel Action

## New Hires and Status Changes

# F4

Send to DPSST no later than ten days of hire date or effective date of action.

Form Submission or Questions: [certification.scheduling@dpsst.oregon.gov](mailto:certification.scheduling@dpsst.oregon.gov)

07/28/2025

Employee & Employment	1. Type of Action:      New Hire      Status Change      Amended			(Amendment Description):		
	2. Last Name:		First Name:		Middle Name:	3. DPSST Number:
	4. Previous Name/AKA:			5. Employee Email:		
	6. Agency/Institution:			7. Position/Rank:		
	8. Employee Discipline (as it relates to this Personnel Action)					
	Police	Reserve Police Officer	Regulatory Specialist	Telecommunications	DPSST/DOC Instructor	
	Corrections	Parole & Probation	Parole & Probation Armed	Emergency Medical Dispatch		
New Hire	9. Hire Date ( <i>Employee has accepted an unconditional offer of employment and will start on this date.</i> )				10. Gender Male      Female	
	11. DOB					
	12. Is this individual an out of state lateral hire that will request a training waiver?				Yes      No	
	13. Education/Fingerprints/Background/Psychological Evaluation				Yes	No
	a. Does the individual possess a High School Degree, GED, or a 4-year post-secondary degree?					N/A
	b. I understand that fingerprints must be submitted to OSP ID services within 90 days of hire?					
Status Change	c. Has a Personal History Questionnaire, Background Checklist, and Background Investigation been completed pursuant to OAR 259-008-0015 or has a background been completed pursuant to OAR 259-008-0080 if the employee is a DPSST/DOC Instructor?					
	d. If required, has a pre-employment psychological evaluation been completed pursuant to OAR 259-008-0010 or OAR 259-008-0011?					
	14. Date of Status Change		15. Type of Change: ( <i>If the status change is to a new discipline, be sure to complete 13d</i> ) <i>If the employee is moving to a non-certified position, please fill out an F4s separation instead of the F4.</i>			
			Promotion      Name Change      Multi-Discipline (Box 16 required) Demotion      Leave of Absence      DOC Transfer Demotion-Voluntary      Military Leave of Absence      Other (Submit F4s for separation) Reclassification      Return from Leave of Absence			
	15a. Previous Rank, Position, Institution, Name		15b. New Rank, Position, Institution, Name			
Multi-Discipline	16. Is multi-discipline certification required to fulfill a need for the efficient operation of your agency?      Yes      No					
	a. List discipline(s) for which the individual is currently certified: _____					
	b. List the new discipline: _____					
Contacts	c. Indicate the individual's primary discipline: _____					
	17. Provide any additional individuals who DPSST may contact regarding this form. Include only work email addresses. Rank, Name, Email and Phone Number.					
Signatures	18. I attest that I am the Department Head or hold DPSST Certification and am authorized by the Department Head to sign below. I certify that the information entered on this form has been verified and is substantiated by records maintained by my agency. If certified by DPSST, I understand that falsification of this document makes my Certification(s) subject to denial, suspension, or revocation under ORS 181A.640 and OAR Chapter 259 Division 8. <b>Acceptable electronic signatures: A scanned image of a handwritten signature.</b>					
	Signature: _____				Date: _____	
	Printed Name: _____		Title: _____		DPSST No.: _____	
	Email Address: _____				Phone: _____	
	FP Number		<input type="checkbox"/> LEDS Clear <input type="checkbox"/> E-Court Clear		Data Entered By/Date	



# Personnel Action Instructions

# F4

## Employee/Employment Information

**Box 1:** Type of Action. This identifies the type of action being reported on this form.

**Boxes 2, 3 & 4:** Employee Legal Name, DPSST Number and Previous Name/AKA. Legal names are required. DPSST numbers will be assigned to public safety professionals only. Leave this field blank if the public safety professional is a new hire and does not have a DPSST Number. Provide all previous names or AKA's used by individual.

**Box 5:** Work address of employee.

**Boxes 6 & 7:** Employing Agency and work area. Current Rank or Position of employee.

**Box 8:** Disciplines: Check only the discipline(s) that are being affected by this personnel action.

## New Hires

**Box 9:** Date employee hired to your agency. This date may be in the future; however, the employee must have accepted an unconditional offer of employment prior to submitting this form and they must have passed the background check and pre-employment psychological evaluation to your agency's standards.

**Boxes 10 & 11:** Gender and Date of Birth

**Box 12:** Knowing if the officer is coming from out of state will assist in placing the officer in the correct class. The complete waiver process, using the [waiver checklist](#) must also be completed.

**Box 13:** Education/Fingerprints/Background/Psychological Evaluation

- a. OAR 259-008-0010 and OAR 259-008-11 require new hires to have a High School Diploma, GED, or a four-year post-secondary degree. Proof of this requirement must be kept at the employing agency.
- b. OAR 259-008-0010, OAR 259-008-0011, and OAR 259-008-0080 require new hires be fingerprinted within 90 days of date of employment and fingerprints be sent to OSP ID Services for assignment of a SID number. Applications for certifications cannot be processed without an OSP SID number.
- c. OAR 259-008-0015 requires that:
  - An applicant must submit a personal history questionnaire (PHQ).
    - OAR defines specific questions that must be included in a PHQ for applicants of police, reserves, corrections, parole and probation, and regulatory specialist positions. (Effective July 1, 2023)
    - PHQ's for telecommunication and emergency medical dispatch positions are developed at the agency's discretion.
  - A background investigation be conducted on each public safety professional prior to employment.
  - A Background Checklist, or equivalent documentation, must be completed for each background. CHECKLISTS ARE NOT SUBMITTED TO DPSST.
- d. OAR 259-008-0010 and OAR 259-008-0011 require a psychological evaluation be conducted when an applicant is initially hired to your agency. Refer to OAR for any exceptions to this requirement. (Currently in effect for Police and Reserves; Effective July 1, 2023, for corrections, parole & probation, and regulatory specialists; effective January 1, 2024, for telecommunications and emergency medical dispatchers.)

\*NOTE: For individuals being hired where their only role is a DPSST or DOC instructor, item "c." is the only requirement.

## Status Change

**Box 14** Effective Date of Status Change

**Box 15** Type of Status Change:

- Promotion: Depending on Agency's rank structure could require Supervision or Management Training.
  - Demotion or Voluntary Demotion: Used to indicate employee is moving to a lower position.
  - Reclassification: Change in discipline or a rank change that is not a promotion or demotion. If this is a change in discipline, be sure to answer box 13d & e.
  - Name Change.
  - Leave of Absence (LOA): Submit an F4 once LOA is greater than 90 days. The status date would be the first day on LOA.
  - Multi-Discipline: Check this box if the agency has a need for the employee to become multi-discipline certified. Box 16 is required if multi-discipline is checked.
  - DOC Transfer: Used to transfer between institutions (DOC).
- a. Enter the individual's previous rank, position, institution, or name.  
b. Enter the individual's new rank, position, institution, or name.

## Multi-Discipline Certification

**Box 16** Agencies seeking multi-discipline certification for a law enforcement officer must indicate that the additional certification is necessary to fulfill an agency's need, and the officer must already be certified in one discipline prior to obtaining the second. Officers can only apply for upper levels of certification in their primary discipline.

## Contacts

**Box 17** Utilize this optional section to provide any additional individuals we should contact regarding this form.

## Signatures

**Box 18** OAR requires the Department Head or a Certified Employee who is authorized by the Department Head to sign all Personnel Actions. Any forms not signed by a Department Head or Certified Authorized employee will be sent back to the agency for resubmission.