



DEPUTY SHERIFF EMPLOYMENT RECORD FORM

Within 10 days of employment or termination of a deputy sheriff, complete and forward this form to:

The Pennsylvania Commission on Crime and Delinquency
Deputy Sheriffs' Education and Training Board
P.O. Box 1167
Harrisburg, Pennsylvania 17108-1167
Fax: (717) 783-7140

1. Submitted by: _____
County _____ Signature of Sheriff
or authorized representative

2. Social Security Number: _____ -- _____ -- _____

3. Deputy's Name: _____
First Middle Last

4. Sex: Male Female

5. Date of Birth: ____ / ____ / ____
M D Y

6. Reason for Submission:

New Hire Date ____ / ____ / ____

Re-Hire Date ____ / ____ / ____

Certification # _____

Termination Date ____ / ____ / ____