

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
EMPLOYMENT OR TERMINATION FORM

AGENCY LICENSE #: _____ CITY/STATE: _____

AGENCY NAME (as on license): _____

NOTICE OF EMPLOYMENT

Last Name First Name MI SSN License Number Date Employed

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

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 or bond.

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.

Print Name of Manager or Designee

Signature of Manager or Designee

Date

NOTICE OF TERMINATION

Last Name First Name MI SSN License Number Date Terminated

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comments: _____

Print Name of Manager or Designee

Signature of Manager or Designee

Date

OTHER CHANGES
(Address or Phone Number Change)

Comments: _____

Print Name of Manager or Designee

Signature of Manager or Designee

Date

Important: The Oklahoma Private Security Rules and Regulations require that employments and terminations be reported within **five (5) days** to CLEET. Failure to comply may result in fines and penalties being assessed.

Please do not list employments and terminations on the same form.

Use one form for each employment. Multiple names may be listed under terminations. Please note in margin if person is deceased.

SIGNATURE OF MANAGER OR DESIGNEE REQUIRED FOR ACCEPTANCE