Email: mtpost@mt.gov Phone: (406) 444-9975 Fax: (406) 444-9978

NOTICE OF APPOINTMENT

§ 7-32-303, MCA and ARM 23.13.216

Instructions: The agency head/designee should complete and sign this form within 10 days of hire. The agency should then forward the completed form to POST by emailing the form to the email address above. Alternatively, the information may also be sent to POST via mail at the address above.

Agency Information:			
Agency Name:			
Agency Email:			
Agency Contact (person completing	g this form):		
Contact's Phone: Contact		t's Email:	
Employee Information:			
Last Name:		First Name:	
iddle Initial: Suffix: Maider			
	:		
Email Address:			
Appointment Information:			
Date of Appointment:		<u>-</u>	
Officer Type (check all that apply)	:		
Peace Officer	Corrections/Detention Officer		Coroner
Deputy Coroner	Public Safety Communications Officer		Reserve Officer
Juvenile Detention	Adult Probation & Parole		Sheriff
Pretrial Service Officer	Misdemeanor Probation Officer		
Other			
Officer Rank:		_	
Have you checked the National Do https://www.iadlest.org/our-serv	•	below)? Yes	No
Agency Certification: I certify the Montana and the POST Council.	above information is tru	e and meets the require	ments of the State of
Printed Name of Agency Head/Designee		Signature of Agency He	ad/Designee Date