

Sacramento County Sheriff's Department
RENEWAL Request for Retired Peace Officer Credentials and
CCW Endorsement

EMPLOYEE NAME::	DATE OF REQUEST/DATE OF ISSUE
PHONE #: DOB:	E-MAIL ADDRESS: SSN:
RETIRED RANK::	TOTAL YRS OF SVC:: RESERVED <input type="checkbox"/> FULL TIME <input type="checkbox"/>

Human Resources Review

APPROVAL REQUIRED:	Signature	DATE	RECOMMENDATION
Human Resources			<input type="checkbox"/> APPROVE <input type="checkbox"/> DECLINE <input type="checkbox"/> SEE COMMENTS
State Requirement: Ten (10) contiguous years of service <input type="checkbox"/> Per California PC 26300(a) & 26300 (c)(2)		Federal Requirement: Fifteen (15) years of service & entitled to retirement Per HR 218 LEO Safety Act <input type="checkbox"/>	

Command Staff Review

APPROVALS REQUIRED:	CHIEF DEPUTY SIGNATURE	DATE	RECOMMENDATION
SUPPORT SERVICES			<input type="checkbox"/> APPROVE <input type="checkbox"/> DECLINE <input type="checkbox"/> SEE COMMENTS
CORRECTIONAL SERVICES			<input type="checkbox"/> APPROVE <input type="checkbox"/> DECLINE <input type="checkbox"/> SEE COMMENTS
FIELD & INVESTIGATIVE SERVICES			<input type="checkbox"/> APPROVE <input type="checkbox"/> DECLINE <input type="checkbox"/> SEE COMMENTS
CONTRACT & REGIONAL SERVICES			<input type="checkbox"/> APPROVE <input type="checkbox"/> DECLINE <input type="checkbox"/> SEE COMMENTS
<input type="checkbox"/> Retired peace officer credential <input type="checkbox"/> CA CCW <input type="checkbox"/> Federal CCW			

Appointing Authority Review, Finding and Order

APPROVALS REQUIRED:	SIGNATURE	DATE	DIRECTIVE
UNDERSHERIFF			<input type="checkbox"/> APPROVE <input type="checkbox"/> DECLINE <input type="checkbox"/> SEE COMMENTS
SHERIFF			<input type="checkbox"/> APPROVE <input type="checkbox"/> DECLINE <input type="checkbox"/> SEE COMMENTS

