

Sacramento County Sheriff's Department Request for Volunteer Reserve or Temporary Status

DATE OF SEPARATION OR TRANSFER:	DATE OF REQUEST:
EMPLOYEE NAME:	PIN #:
CLASSIFICATION:	DIVISION:
TYPE OF APPOINTMENT REQUESTED	
<p style="text-align: center;">SWORN:</p> <input type="checkbox"/> Retired peace officer credentials <input type="checkbox"/> CCW Endorsement <input type="checkbox"/> Reserve Deputy Sheriff (volunteer)	<p style="text-align: center;">PROFESSIONAL STAFF:</p> <input type="checkbox"/> Temporary Status, Job Class: Intermittent 960 <input type="checkbox"/> Volunteer Status (VIPS)

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"/>	

Preliminary Review

APPROVALS REQUIRED:	PERSON REVIEWING OR CONTACTED	DATE	FILE REVIEW
PROFESSIONAL STANDARDS & FEO			<input type="checkbox"/> NO IDENTIFIED ISSUES <input type="checkbox"/> SEE COMMENTS
EMPLOYEE RELATIONS			<input type="checkbox"/> NO IDENTIFIED ISSUES <input type="checkbox"/> SEE COMMENTS
DIVISION COMMANDER <input type="checkbox"/> See resignation letter, Attached			<input type="checkbox"/> APPROVE <input type="checkbox"/> DECLINE <input type="checkbox"/> SEE COMMENTS

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			<input type="checkbox"/> APPROVE <input type="checkbox"/> DECLINE

SERVICES			<input type="checkbox"/> SEE COMMENTS
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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
<input type="checkbox"/> Retired peace officer credential <input type="checkbox"/> Reserve officer Level 1 Designated (24/7)		<input type="checkbox"/> CA CCW <input type="checkbox"/> Federal CCW <input type="checkbox"/> Reserve officer Level 1 non-designated	

Comments

Please print your name legibly over your comment, and place your signature and date under your comment