



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Employment Update (Form 31)

Submit to: Department of Criminal Justice Service's record management system (TRACER) within 10 days of employment update.

Officer's Current Name: <i>(Last, First, Middle Initial)</i>		TRACER Officer ID # (DOC Use State ID #):	
Agency/Department:		<input type="checkbox"/> Transfer within the Virginia Dept. of Corrections	
Rank or Status Changed to:	Date of Rank or Status <i>(mm/dd/year):</i>	Name Change: <i>(Provide former Last, First and Middle Name)</i>	
Add Function: <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Jail Officer/Inmate Security Officer <input type="checkbox"/> Court Security Officer <input type="checkbox"/> Civil Process Officer <input type="checkbox"/> Dispatch/Communications Officer		Date Function Added:	<i>mm/dd/year:</i> _____ <input type="checkbox"/> DOC Corrections Officer <input type="checkbox"/> Civilian Instructor <input type="checkbox"/> Auxiliary Level Two (II) <input type="checkbox"/> Auxiliary Level Three (III) <input type="checkbox"/> Auxiliary Level Four (IV)
Remove Function: <input type="checkbox"/> Law Enforcement Officer (or Auxiliary Level One) <input type="checkbox"/> Jail Officer/Inmate Security Officer <input type="checkbox"/> Court Security Officer <input type="checkbox"/> Civil Process Officer <input type="checkbox"/> Dispatch/Communications Officer		Date Function Removed:	<i>mm/dd/year:</i> _____ <input type="checkbox"/> DOC Corrections Officer <input type="checkbox"/> Civilian Instructor <input type="checkbox"/> Auxiliary Level Two (II) <input type="checkbox"/> Auxiliary Level Three (III) <input type="checkbox"/> Auxiliary Level Four (IV)
Termination: Employment with the Above Agency/Department has been terminated for the following reason: <i>(include date of change mm/dd/year)</i> <input type="checkbox"/> Resigned <i>(mm/dd/year):</i> _____ <input type="checkbox"/> Deceased <i>(mm/dd/year):</i> _____ <input type="checkbox"/> Retired <i>(mm/dd/year):</i> _____ <input type="checkbox"/> Other (Specify) <i>(mm/dd/year):</i> _____ <input type="checkbox"/> Terminated for Cause <i>(mm/dd/year):</i> _____			
Attest: I CERTIFY that the above statements are true and correct to the best of my knowledge and that I am authorized to submit this information. <i>(Print or type and Sign form)</i>			
Submitted by: _____		Title: _____	Date: _____
Signature: _____		Phone: _____	

Retain a signed copy for your records as a copy may be requested by the Department of Criminal Justice Services if errors are found.