GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL
CHANGE OF SERVICE STATUS

AGENCY NAME_____

Instructions: Please submit this form to notify us as soon as possible when:

1. **"CORE EXEMPT" status change for GFSTC certified individuals only. CORE EXEMPT are certified fire service members who by job function do not engage in the performance skills as listed in the GFSTC core competencies.**
2. **Each new member is hired (required certification) or appointed, (volunteer/part-time and voluntary certification).**
3. **A GFSTC certified individual is placed on medical or military leave for a month or longer, OR returns from approved leave.**
4. **A member leaves the department. PLEASE LIST TERMINATION DATE!**

(COMPLETE ONLY COLUMNS THAT APPLY)

C=CAREER
P=PART-TIME
V=VOLUNTEER
S=SUPPORT
I=INMATE

Hire,
Appt.,
Term.,

Social Security Number or GFSTC ID	NAME	Date of Birth			HIRE/APPOINTMENT OR TERMINATION DATE	STATE CERTIFIED INDIVIDUALS ONLY			
						CORE EXEMPT Y=YES N=NO	LEAVE STATUS: MED=MEDICAL MIL=MILITARY	APPROVED LEAVE START DATE	APPROVED LEAVE RETURN DATE

I verify that the foregoing information is true and correct based upon my personal knowledge and the information available to me, and the personnel listed are members of the above named agency and have met the current training standards as approved by the Georgia Firefighter Standards and Training Council. Supplying or condoning the submission of false information to this agency may be a violation of the criminal code of Georgia (Georgia Law 1968 PP 1249, 1310).

Signature of Agency Head/Designee_____ Date_____

Print Name _____