



# GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL CHANGE OF STATUS



AGENCY NAME \_\_\_\_\_

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

- 1 the individual's change of service status changes from part-time to career or support to volunteer, etc.
- 2 "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.
- 3 a member leaves the department. PLEASE LIST DEPARTURE DATE!
- 4 a GFSTC certified individual is placed on medical or military leave for a month or longer, OR returns from approved leave.

(COMPLETE ONLY COLUMNS THAT APPLY)		<b>C</b> =CAREER <b>P</b> =PART-TIME <b>V</b> =VOLUNTEER <b>S</b> =SUPPORT <b>I</b> =INMATE	<b>E</b> <sub>mp.</sub> <b>A</b> <sub>ppt.</sub> <b>D</b> <sub>ep.</sub>	EMPLOYMENT, APPOINTMENT, OR DEPARTURE <u>DATE</u>	STATE CERTIFIED INDIVIDUALS ONLY			
GFSTC ID	LAST NAME				CORE EXEMPT <b>Y</b> =YES <b>N</b> =NO	LEAVE STATUS: <b>MED</b> =MEDICAL <b>MIL</b> =MILITARY	APPROVED LEAVE <u>START</u> <u>DATE</u>	APPROVED LEAVE <u>RETURN</u> <u>DATE</u>

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 minimum requirements as established 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 \_\_\_\_\_