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INFORMATION PRIVACY ACT: Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information. Failure to provide any part of the requested information may delay processing of this application or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above. Contact the Strategic Communications and Research Bureau for instructions on requesting records.

## INSTRUCTIONS

- Complete Section 1–Identification, AND as appropriate, Section 2–Appointment OR Section 3–Termination/Separation and Section 4–Attestation.
- Please type or legibly print (in ink) all required information. Use the TAB key (or SHIFT-TAB) to navigate between boxes.
- Email a printout of this Notice to EDI@post.ca.gov within 10 days of such actions.

SECTION 1: IDENTIFICATION							
1. POST ID NUMBER (OR SSN)	2. NAME (Last, First, Middle)			3. BIRTHDATE	(MM/DD/YYYY)		
4. GENDER		5. ALSO KNOW	NAS (Last, First	t Middle)			
	] Non-binary	0.7.200 1.10011		initially			
6. RACE/ETHNICITY (Check box that best describes race/ethnicity – See INSTRUCTIONS for Definition)							
American Indian or Alaska Nativ	/e 🗌 As	sian 🗌 Bla	ack or African	American 🗌 Fili	ipino 🗌 Hisj	panic or Latino	
Native Hawaiian or Pacific Islander							
<ol> <li>RANK / CLASSIFICATION (Select and e See INSTRUCTIONS for Rank/C</li> </ol>	enter the POST Co	ode from the list –	8	B.AGENCY			
SECTION 2: APPOINTMENT							
9. APPOINTMENT DATE (MM/DD/YYYY)	10. TIME BA	SE			11. PAY STAT	US	
	🗌 🗌 Full tim	ie 🗌 Pai	rt time	Seasonal Part time	e 🗌 Paid	🗌 Unpaid	
SECTION 3: TERMINATION/SEPA	RATION						
NOTE: Any corrections to this section accompanied by a new Affidavit of S		officer who was i	initially separa	ated on or after <b>Janu</b> a	ary 1, 2023 must	be	
12. DATE OF FINAL SEPARATION (MM/	DD/YYYY) 13. 1	TYPE OF SEPARA	TION				
	- F	Retired	Resigned	Deceased	Involuntary	Separation	
		Did Not Complet	e Probation	•	nding Complaint, A estigation for Serio		
14. EXPLANATION FOR CORRECTION:	I						

## **SECTION 4. ATTESTATION**

**15. ATTESTATION OF REPORTING OFFICIAL** 

I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry, and that the information is substantiated by agency personnel records.

Print Full Name:	Title:	Contact Number ( )
Signature		Date:

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# **INSTRUCTIONS** – Back to Form

# SECTION 5. RACE / ETHNICITY

Use these definitions to assist you in selecting the category that best describes the appointee's race/ethnicity.

#### American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

#### Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, and Vietnam.

## **Black or African American**

A person having origins in any of the black racial groups of Africa.

### Filipino

A person having origins in any of the original peoples of the Philippine Islands.

#### **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

## Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### White

A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

## SECTION 6. RANK / CLASSIFICATION

Use this list to select the POST code for the appointee's rank/classification. This code will appear on the appointee's profile in the Rank column under the Employment section.

Rank/Classification	POST Code	Rank/Classification	<u>POST Code</u>	Rank/Classification	POST Code
Acting Chief	ACTC	Director	DIR	Ranger	RANG
Administrator	ADM	Dispatcher (I, II, III)	DIS	Ranger Manager	RNGM
Agent	AGNT	Dispatcher Manager	DISM	Ranger Supervisor	RNGS
Assistant Chief	ACHF	Dispatcher Supervisor	DISS	Records Supervisor	RECS
Assistant Commissioner	ACOM	District Attorney	DA	Records Supervisor/Dispatch	
Assistant Marshal	AMAR	Division Chief	DVC	(Full-time Records Supervisor Dispatcher)	AND full-time
Assistant Sheriff	ASH	Inspector		Reserve Level I	RI
Bureau Chief	BURC	Investigator (I, II, III)	INV	(Peace officer authority for du	
Captain	CAPT	Investigator Manager	INVM	only)	
Chief	CHF	Investigator Supervisor	INVS	Reserve Level I (24 hours) (Peace officer authority 24 hou	
Chief Deputy	CDEP	Investigator, Welfare Fraud	WINV	Reserve Level II	• /
Chief Investigator	CHFI	Investigator Manager, Welfare	e Fraud WINM		
Commander	CMDR	Investigator Supervisor, Welfa	are Fraud WINS	Reserve Level III	
Commissioner	COM	Jail Assistant Sheriff	JASH	Sergeant	
Coroner	COR	Jail Commander	JCMR	Sergeant-at-Arms	
Corporal	CPL	Jail Captain	JCAP	Sergeant-at-Arms Chief	
Deputy (I, II, III)	DPTY	Jail Deputy	JDEP	Sheriff	
Deputy Chief	DCHF	Jail Lieutenant	JLT	Sheriff/Coroner	
Deputy Commissioner	DCOM	Jail Senior Deputy	JSDP	Special Agent	
Deputy Coroner	DCOR	Jail Sergeant	JSGT	Supervisor	
Deputy Coroner Supervisor	DCRS	Lieutenant	LT	Supreme Court Bailiff	
Deputy Coroner Manager	DCRM	Manager	MGR	Trainee	
Deputy Marshal (I, II, III)		Marshal		Undersheriff	
Detective (I, II, III)		Police Officer (I, II, III)		Warden	WARD
		1		1	