

F4 PERSONNEL ACTION FORM

Alaska Police Standards Council PO BOX 111200 JUNEAU, AK 99811-1200 Ph: 907-465-4378 Email: APSC@alaska.gov

This form is required to	be completed and se	ent to the	APSC within 3	0 days of a	ny personnel action.
Last Name	First		Middle		Date of Birth
Address	City		State		Zip
Agency				Rank	
Personal and Work E-mail Addesses				Personal Phone N	Number
PERSONNEL ACTION:				Effective	Date:
·	iance Form for required nto same job class	d document	S		·
Promotion	F	rom:		To:	
Rejected Applicant	F	Reason:			
Demotion	From:			To:	
Resigned/Retired					
Sustained Misconduct	(attach explanation)				
Terminated (attach ex					
SEPARATION DETAILS:	If you check an MUST be attach			", a detail	ed explanation
If resigned or retired, did the employee do so in lieu of termination? *Yes				No	
Was the employee under investigation for any wrongdoing? *Yo				No	
Do you recommend de-certification/denial of certification?			* Yes	No	
Eligible for rehire? Yes	*No				
IF NEW OR REHIRED EM	IPLOYEE				
Prior certification(s) held:			rrections		Probation/Parole
From which state:					
I swear the information prov Signature of Agency Head or Designee:	vided above is true and	accurate. Printed N	ame:	D	ate:
Reporting Official Contact Number:			Reporting Official E-mail:		

Timeliness in reporting information on this form is very important. Failure to report personnel actions within your agency could affect acceptance at training academies, as well as delay certification. Please note that any information on rejected or terminated employees may be made available to law enforcement agencies upon request.

SEPARATION DETAILS:

If you checked any box above that had an "*", a detailed explanation MUST be attached to this form. Use the space below or attach a separate sheet of paper.

APSC 3/1/2025 2