

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CRIMINAL JUSTICE  
POLICE TRAINING COMMISSION

**NOTICE BY A MUNICIPAL OR COUNTY GOVERNING AGENCY OF A TEMPORARY APPOINTMENT OF, AND REQUEST FOR A WAIVER FOR, A SLEO III LAW ENFORCEMENT OFFICER FROM AN OUTSIDE AGENCY TO SERVE AS A SLEO II LAW ENFORCEMENT OFFICER DURING A PUBLIC HEALTH EMERGENCY**

Waiver Candidate Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

*I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry. I certify that there exists an exigent need, due to the Public Health Emergency, for this temporary assignment and requested waiver.*

Authorized Governing Body Official of the Requesting Agency **[Required]**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Requesting Agency Police Chief **[Required]**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Current Agency Police Chief **[Required]**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

By signing this form, I authorize the above named SLEO III Officer to be re-designated as a SLEO II Officer to another Law Enforcement Agency to address an exigent staffing need for the duration of the Public Health Emergency.

**POLICE TRAINING COMMISSION AUTHORIZATION**

This officer meets or exceeds the training requirements for a SLEO II by successfully completing either the Basic Course for Police Officers or the New Jersey State Police Academy, or has completed the waiver requirements for SLEO III training as established by the PTC.

**APPROVED:** \_\_\_\_\_

**PTC Administrator John Cunningham**

This request is denied. The reasons for denial are:

**DENIED:** \_\_\_\_\_

**PTC Administrator John Cunningham**

This appointment and waiver shall expire and the above named officer shall automatically revert to their previous status no later than the expiration of the Public Health Emergency declared under N.J.S.A. 26:13-3. This reversion shall take effect the first business day after the expiration of the Public Health Emergency.

MODIFIED PTC-15A (5/2020)

THIS FORM MUST BE SUBMITTED BY EMAIL TO [CunninghamJ@NJDCJ.ORG](mailto:CunninghamJ@NJDCJ.ORG)