

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200
Austin, Texas 78723-1035
Phone (512) 936-7700
<http://www.tcole.texas.gov>

CHANGE OF PAY STATUS

This form is only to change pay status.
If an appointment change is part of the pay change,
then the Appointment of Licensee (L1) or Telecommunicator (L1-T) form is required.

1. TCOLE Agency Number		2. Appointing Agency		
3. TCOLE PID	4. Last Name	5. First Name	6. M.I.	7. Suffix (Jr., etc.)

APPOINTMENT INFORMATION

13. Date Appointed	14. Date Pay Status Changed
15. Current Pay Status: (CHECK ONLY ONE) <input type="checkbox"/> Full Time - Regularly work 32 hours a week or more and paid at or above federal minimum wage, eligible for benefits <input type="checkbox"/> Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits <input type="checkbox"/> Reserve - Restricted to agencies identified in 1701.001: Sheriff, Constable, Municipal or Water District <input type="checkbox"/> Other - Appointees that do not fit into above categories	
16. New Pay Status: (CHECK ONLY ONE) <input type="checkbox"/> Full Time - Regularly work 32 hours a week or more and paid at or above federal minimum wage, eligible for benefits <input type="checkbox"/> Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits <input type="checkbox"/> Reserve - Restricted to agencies identified in 1701.001: Sheriff, Constable, Municipal or Water District <input type="checkbox"/> Other - Appointees that do not fit into above categories	

I certify that I am the Chief Administrator or Designee, and hereby make this change to the pay status of the person named above that is maintained by the commission. I further understand that I will be subject to administrative and/or criminal penalties should this pay status found to be unauthorized or incorrect.

Employee Name (type or print)

Signature

Date

Chief Administrator (type or print)

Signature

Phone Number