

AGENCY LETTERHEAD

Agency Name
Address
City, State, Zip

SAMPLE FORMER EMPLOYER LETTER

Date

Michigan Commission on Law Enforcement Standards
927 Centennial Way
Lansing, Michigan 48909

To Whom It May Concern:

(FORMER OFFICER NAME), (SS#), (DOB), was employed by the (NAME OF AGENCY) as a law enforcement officer from (DATE) to (DATE).

The above named individual:

- Separated from service in good standing from a public agency as a law enforcement officer, including, but not limited to, service with the Amtrak Police Department, the Federal Reserve, military police, Department of Defense officer, or the executive branch of the federal government;
- Was, prior to separation, authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law and had statutory powers of arrest or apprehension under section 807(b) of title 10, United States Code (article 7(b) of the Uniform Code of Military Justice);
- Served as a law enforcement officer for an aggregate of 10 years or more, or separated from service after completing any applicable probationary period of such service, due to a service-connected disability;
- Has not been denied a photographic identification under the Law Enforcement Officers Safety Act of 2004 (“LEOSA”) by this agency as a result being officially found by a qualified medical professional employed by this agency to be unqualified for reasons relating to mental health; and
- Has not been denied, nor has refused to accept, a photographic identification under the Law Enforcement Officers Safety Act of 2004 (LEOSA) as a result of entering into an agreement with this agency in which he or she acknowledged disqualification for reasons relating to mental health.

The Michigan Commission on Law Enforcement is authorized to be the maker of a former employer identification issued to the above named former law enforcement officer on behalf of this agency.

If you have further questions regarding this officer's employment, you may contact (NAME OF CONTACT AT DEPARTMENT) at (PHONE NUMBER).

Sincerely,

Signature of Agency Head or Designee

Name of Agency Head