# AGENCY NEW HIRE REPORT

**Incorporated by Reference in Rule 11B-27.002(3), F.A.C.**

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**AGENCY NAME:**

**NEW HIRE REPORT PERIOD:**

**ORI NUMBER:** FL

**THE FOLLOWING NEW HIRE RECORDS HAVE BEEN SELECTED FOR AGENCY REVIEW:**

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| SSN | Officer's Name | Fingerprint Date | TEA | Start Date | Separation Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------|----------------|------------------|-----|------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**COMMENTS:**

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**IT IS RECOMMENDED THAT THE OFFICER(S) NOT WORK IN A SWORN CAPACITY PRIOR TO COMPLYING WITH THE ALL REQUIREMENTS OF SECTION 943.13, F.S.**

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**Field Specialist**

**Agency Administrator**

**Date**

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**Created 10/1/93**

**Original – FDLE**

**1st Copy – Agency**

**2nd Copy – Field Specialist**

**1 of 1**

**Commission-Approved Revisions: 11/8/2007**

**Form Effective Date: 6/9/2008**