

GDC Employee Weapon Retention Request/Approval Routing Form

To be completed by Requestor:

Employee Name:	Employee Working Title:
GDC Employee ID#:	POST Officer Key #:
Employee Work Email:	Employee Work Phone #:
Issued Weapon Type:	Weapon Serial #:
Last date of Employment:	Supervisor Name:
Requestor Name:	
Requestor Phone #:	
Requestor Email:	

To be completed by Care and Custody:

<p>This is to certify that _____, POST Officer Key Number _____, has been a certified officer with the Georgia Department of Corrections with 20 or more years of creditable service through the last date of employment.</p> <p>Representative Name: _____ Signature: _____</p>
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To be completed by Personnel:

<p>This is to certify that _____, Employee ID Number _____, has completed 20 or more years of creditable service with the Department of Corrections through the last date of employment.</p> <p>Representative Name: _____ Signature: _____</p>

To be completed by Division Director:

<p>This is to certify that _____ has completed 20 or more years of honorable service with the Department of Corrections and is recommended to retain the above referenced assigned weapon.</p> <p>Division Director Name: _____ Signature: _____</p>
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To be completed by the Commissioner of the Georgia Department of Corrections:

This is to certify that _____ has completed 20 or more years of creditable, honorable service with the Department of Corrections as a certified officer and shall retain the above referenced assigned weapon under the provisions of Official Code Georgia Annotated §42-2-16.

Commissioner or Commissioner's Designee: _____ Date: _____

Signature: _____

Please forward approved request to GDC, Care and Custody, 1000 Indian Springs Rd., Forsyth, GA 31029. Phone 478-994-7567 Fax: 478-994-7571