

# CONTRACTOR'S COURT SECURITY OFFICER STAFFING NOTIFICATION

DATE SUBMITTED:	MONTH	DATE	YEAR
EFFECTIVE DATE OF THIS ACTION:	MONTH	DATE	YEAR
CONTRACTOR'S NAME			
CONTRACTOR'S ADDRESS	STREET ADDRESS		
	CITY	STATE	ZIP CODE
INDIVIDUAL'S NAME: [When applicable, start with information on the individual who will no longer be performing for your company.]	LAST	FIRST	MIDDLE
SOCIAL SECURITY NUMBER	- - -		
BACKGROUND	<input type="checkbox"/> Incumbent		<input type="checkbox"/> New Applicant
	Official Performance Date	MM DD YY	
CURRENT/TARGET POSITION	<input type="checkbox"/> COURT SECURITY OFFICER (CSO)		<input type="checkbox"/> LEAD COURT SECURITY OFFICER (LCSO)
CURRENT OR PROPOSED STATUS	PERMANENT STATUS		TEMPORARY STATUS [Relative to Military Reasons Only]
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> SHARED
CURRENT OR PROPOSED DISTRICT ASSIGNMENT	DISTRICT'S NAME		DISTRICT NUMBER
ADDRESS OF FACILITY ASSIGNMENT	STREET ADDRESS		
	CITY	STATE	ZIP CODE
TYPE OF NOTIFICATION	<input type="checkbox"/> <b>Notification of Status Change</b> <input type="checkbox"/> From permanent part-time to full-time <input type="checkbox"/> From permanent full-time to part-time <input type="checkbox"/> From temporary to permanent status <input type="checkbox"/> From CSO to Site Supervisor		
NOTE TO THE CONTRACTOR:  If the individual stated above is a new applicant, you may only check the "Response to a new contract position" box because the remaining actions apply to incumbent CSOs only.	<input type="checkbox"/> <b>Name Change</b> (Legal supporting document is required.)		
	<input type="checkbox"/> <b>Transfer Notification</b> [Provide the address of each facility location below.]  From: _____ To: _____  _____		
	<input type="checkbox"/> <b>Notification of Resignation</b> _____ [Insert Date individual resigned.]		<input type="checkbox"/> <b>Notification of Termination</b> _____ [Date the individual was terminated by the company.]
	<input type="checkbox"/> <b>Government Performance Restriction</b> _____ [Insert Date of Notice]		<input type="checkbox"/> <b>Notification of Absence due to:</b> <input type="checkbox"/> Medical Situation <input type="checkbox"/> Family Emergency Medical Leave Act (FEMLA) <input type="checkbox"/> Military Duty [Attach copy of orders.] From: _____ To: _____
	<input type="checkbox"/> <b>Incumbent disqualified due to:</b> <input type="checkbox"/> Failure of Medical Standards <input type="checkbox"/> Background Findings <input type="checkbox"/> Failure of Weapon Test <input type="checkbox"/> Failure to Provide Medical or Other Required Information		<input type="checkbox"/> <b>Response to a new contract position.</b>  <input type="checkbox"/> <b>Notification of Death</b> [Insert date below.] _____

IF THIS ACTION IS NOT A NEW CONTRACT POSITION, WILL THE ACTION RESULT IN A VACANCY OF A AN EXISTING POSITION?  Yes  No

IF YES, WHAT TYPE OF VACANT POSITION WILL RESULT FROM THIS ACTION?

PERMANENT FULL-TIME  PERMANENT SHARED  TEMPORARY FULL-TIME  TEMPORARY SHARED

WILL AN INCUMBENT FILL THE VACANT POSITION?  Yes \*  No (SEE NOTE) ▶

[If yes, provide the incumbent's information in Section A below and indicate the date the new CSO Package is due to JPS/PSB as a result of the vacant incumbent's position.]

INCUMBENTS MUST TRANSFER TO AN INCUMBENT'S VACANT POSITION WITHIN 72 HOURS AFTER THE VACANCY OCCURRED AND THE NOTIFICATION OF THE TRANSFER MUST BE SUBMITTED TO THE USMS BY THE DATE INDICATED BELOW.

MM DD YY

WILL A NEW APPLICANT FILL THE VACANT POSITION?  Yes  No (SEE NOTE) ▶

[If yes, indicate the date the new CSO package is due to JPS/PSB. Complete Section B and submit this form in its entirety with the new CSO package.]

THE NEW CSO PACKAGE TO REPLACE THE VACANT POSITION IS DUE 21 DAYS AFTER THE VACANCY OCCURRED AND WILL BE SUBMITTED TO THE USMS BY THE DATE INDICATED BELOW.

MM DD YY

\* ALL TRANSFERS MUST BE MADE WITHIN THE FIRST 72 HOURS AFTER THE VACANCY OCCURS. THEREAFTER, A NEW CSO PACKAGE IS REQUIRED.

**SECTION A. THE VACANT POSITION, WHICH IS AN EXISTING POSITION UNDER THE USMS CONTRACT, WILL BE FILLED BY THE FOLLOWING INCUMBENT:**

INCUMBENT'S NAME:	LAST	FIRST	MIDDLE
INCUMBENT'S SOCIAL SECURITY NUMBER	-		
CURRENT DISTRICT ASSIGNMENT	DISTRICT'S NAME	DISTRICT NUMBER	
ADDRESS OF FACILITY ASSIGNMENT	STREET ADDRESS		
	CITY	STATE	ZIP CODE
FORMER STATUS	PERMANENT STATUS		TEMPORARY STATUS [Relative to Military Reasons Only]
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> SHARED
NEW STATUS	PERMANENT STATUS		
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED	<input type="checkbox"/> NO CHANGE
POSITION CHANGE	FORMER POSITION		NEW POSITION
	<input type="checkbox"/> CSO	<input type="checkbox"/> LCSO	<input type="checkbox"/> CSO <input type="checkbox"/> LCSO

**SECTION B. THE VACANT POSITION, WHICH IS AN EXISTING POSITION UNDER THE USMS CONTRACT, WILL BE FILLED BY THE FOLLOWING NEW APPLICANT:**

APPLICANT'S NAME:	LAST	FIRST	MIDDLE
APPLICANT'S SOCIAL SECURITY NUMBER	-		
LOCATION OF POSITION	DISTRICT'S NAME	DISTRICT NUMBER	
ADDRESS OF FACILITY ASSIGNMENT	STREET ADDRESS		
	CITY	STATE	ZIP CODE
THIS FORM WAS PREPARED BY:	PRINT NAME AND TITLE	SIGNATURE	MM DD YY

**THIS SECTION IS TO BE COMPLETED BY THE UNITED STATES MARSHALS SERVICE ONLY.**

- REPLACEMENT / START-UP COST IS THE CONTRACTOR'S RESPONSIBILITY.
- REPLACEMENT / START-UP COST IS THE GOVERNMENT'S RESPONSIBILITY. THE FORMER CSO:
- HAD BEEN EMPLOYED BY THE CURRENT CONTRACTOR AS A CSO CONTINUOUSLY FOR A MINIMUM OF 18-MONTHS UNDER THE CONTRACT.
  - WAS DISQUALIFIED AS A RESULT OF FINDINGS THAT ONLY COULD HAVE BEEN DISCOVERED DURING THE GOVERNMENT'S BACKGROUND INVESTIGATION
  - DIED

THIS NOTIFICATION WAS REVIEWED AND FINALIZED BY: \_\_\_\_\_ NAME AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_