CONTRACTOR'S C RT SECURITY OFFICER STAFFIN 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	☐ Incumbent Official Performance Date MM DD YY	☐ New Applicant	
CURRENT/TARGET POSITION	☐ COURT SECURITY OFFICER (CSO)	☐ LEAD COURT SECURITY OFFICER (LCSO)	
CURRENT OR PROPOSED STATUS	**PERMANENT STATUS** ☐ FULL-TIME ☐ SHARED	**TEMPORARY STATUS** [Relative to Military Reasons Only] ☐ FULL-TIME ☐ SHARED	
CURRENT OR PROPOSED DISTRICT ASSIGNMENT	DISTRICT'S NAME	DISTRICT NUMBER	
ADDRESS OF FACILITY ASSIGNMENT	STREET ADDRESS		
	CITY	STATE	ZIP CODE

TYPE OF NOTIFICATION

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.

☐ **Notification of Status Change**
- ☐ From permanent part-time to full-time
- ☐ From permanent full-time to part-time
- ☐ From temporary to permanent status
- ☐ From CSO to Site Supervisor

☐ **Name Change**
(Legal supporting document is required.)

☐ **Transfer Notification** [Provide the address of each facility location below.]

From: _____ **To:** _____

☐ **Notification of Resignation**
___/___/___
[Insert Date individual resigned.]

☐ **Notification of Termination**
___/___/___
[Date the individual was terminated by the company.]

☐ **Government Performance Restriction**
___/___/___
[Insert Date of Notice]

☐ **Response to a new contract position.**

☐ **Notification of Death** [Insert date below.]
___/___/___

☐ **Notification of Absence due to:**
- ☐ **Medical Situation**
- ☐ **Family Emergency Medical Leave Act (FEMLA)**
- ☐ **Other** _____
- ☐ **Military Duty** [Attach copy of orders.]

Absent From: ___/___/___
To: ___/___/___

☐ **Incumbent disqualified due to:**
- ☐ **Failure of Medical Standards**
- ☐ **Background Findings**
- ☐ **Failure of Weapon Test**
- ☐ **Failure to Provide Medical or Other Required Information**

☐ **Other Information (Please explain.)**

_____

_____

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 OCS/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 OCS/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]	
	☐ FULL-TIME	☐ SHARED	☐ FULL-TIME	☐ SHARED
NEW STATUS	PERMANENT STATUS			
	☐ FULL-TIME	☐ SHARED	☐ NO CHANGE	
POSITION CHANGE	FORMER POSITION		NEW POSITION	
	☐ CSO	☐ LCSO	☐ CSO	☐ 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 CONTINOUSLY 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