1-711 (Rev. 9-22-08)
OMB No. 1110-0004
Expires 11-30-13

NUMBER OF FULL-TIME LAW ENFORCEMENT EMPLOYEES AS OF OCTOBER 31

This report is authorized by law Title 28, Section 534, U.S. Code. Even though you are not required to respond, your cooperation in using this form to report all law enforcement employees on the payroll of your law enforcement agency as of October 31, will assist the FBI in compiling timely, comprehensive, and accurate data. Please submit this report and any questions to the FBI, Criminal Justice Information Services Division, Attention: Uniform Crime Reports/Module E-3, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone 304-625-4830; facsimile 304-625-3566. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 8 minutes to complete.

	Male	Female	Total
1. **Full-time law enforcement officers** - Include all full-time sworn law enforcement officers who were on your department's payroll as of October 31 and who worked a normal full-time workweek. Include the Chief, Sheriff, Commissioner, Superintendent, or other sworn department head. **Do not** count special officers, merchant police, or others who are not paid from law enforcement funds.			
2. **Full-time civilian employees** - Include all full-time civilian employees who were on your department's payroll as of October 31 and who worked a normal full-time workweek. Include clerks, stenographers, mechanics, etc., who do not have police powers. **Do not** count school crossing guards. **Do not** count employees who are not paid from law enforcement funds.			
3. **Total full-time law enforcement employees** - Enter the total number of full-time law enforcement officers and civilians on your department's payroll as of October 31. This should be the total of line 1 and line 2.			

If the percent change in the total number of law enforcement employees between this year and last year is 10 percent or more, please explain briefly:

Prepared by / Telephone number / Email address _____ Date _____

Chief, Sheriff, Superintendent, Commanding Officer _____

Agency _____

City _____

State _____

DO NOT WRITE HERE	
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Adjusted	
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