

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

This report is authorized by law Title 28, Section 534, United States Code. 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 ACIC and FBI in compiling timely, comprehensive, and accurate data. Please submit this report and any questions to the ACIC, UCR Program, 322 South Main Street, Suite 615, Little Rock, Arkansas, 72201; telephone 501-682-2222; facsimile 501-682-7444 (FAX NUMBER) or 501-683-0272. Email : ralph.ward@dps.arkansas.gov or kyle.brown@dps.arkansas.gov

	Male	Female	Total
1. <b>Full-time law enforcement officers-</b> Include all full-time sworn law enforcement officers who were on your department's payroll as of October 31 and who work your normal full-time workweek. Include the Chief, Sheriff, Commissioner, Superintendent, or other sworn department head. <b>Do not</b> count special officers, merchant police, or others who are not paid from law enforcement funds.			
2. <b>Full-time civilian employees-</b> Include all full-time civilian employees who were on your department's payroll as of October 31 and who worked your normal full-time workweek. Include clerks, stenographers, mechanics, etc., who do not have police powers. <b>Do not</b> count school crossing guards. <b>Do not</b> count employees who are not paid from law enforcement funds.			
3. <b>Total full-time law enforcement employees-</b> 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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Chief, Sheriff, Commissioner, Superintendent

DO NOT WRITE HERE	
Recorded	
Edited	
Entered	
Adjusted	
Corres.	

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ORI

\_\_\_\_\_  
PHONE NUMBER



**FAX  
NUMBER  
501-682-7444**