

# NOTICE OF PUBLIC EMPLOYEE FELONY CONVICTION



## Prosecuting Agency:

Use this form to comply with your notification obligations under California Government Code Sections 7522.72 and 7522.74. The completed form must be submitted to the Human Resources department of the public employer within sixty (60) days of the felony conviction date.

## Public Employer Human Resources Department:

The public employer that employs or employed the employee identified in this form by the prosecuting agency must notify the public retirement system within ninety (90) days of the felony conviction date.

1. Employee Name: \_\_\_\_\_
2. Public Employer: \_\_\_\_\_
3. Date of Felony Conviction: \_\_\_\_\_
4. Date of First-Known Commission of Felony: \_\_\_\_\_
5. Was the felony conviction the result of conduct arising out of or in the performance of official duties for the employer? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Was the felony conviction the result of conduct in pursuit of office or appointment with the employer? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Was the felony conviction the result of conduct in connection with obtaining any of the following?  
Salary \_\_\_\_\_ Service Retirement \_\_\_\_\_ Disability Retirement \_\_\_\_\_  
Other Benefits (explain) \_\_\_\_\_
8. Did the defendant have contact with children as part of his or her official duties?  
(If NO, proceed to No. 10 below.) YES \_\_\_\_\_ NO \_\_\_\_\_
9. Was the conviction the result of a felony committed within the scope of the defendant's official duties against or involving a child with whom the defendant had contact as part of his or her official duties?  
YES \_\_\_\_\_ NO \_\_\_\_\_
10. Prosecuting Attorney Information:  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address / Email \_\_\_\_\_
11. Person Completing Form:  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_  
Signature \_\_\_\_\_

[ATTACH CERTIFIED COPIES OF THE FELONY COMPLAINT, FELONY PLEA, AND/OR FELONY ABSTRACT OF JUDGMENT]