

**CB FORM 10-MD (5/95)**  
**COMMONWEALTH OF VIRGINIA**  
**COMPENSATION BOARD**  
**Report of Selection or Removal of**  
**Officer/Deputy from Career Development Program**

**PART I: SELECTION TO CAREER DEVELOPMENT PROGRAM**

NAME: \_\_\_\_\_ POSITION #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_ CURRENT SALARY: \$ \_\_\_\_\_

EMPLOYMENT DATE REQUESTED GRADE: \_\_\_\_\_ REQUESTED SALARY: \$ \_\_\_\_\_  
IN THIS OFFICE: \_\_\_\_\_

EFFECTIVE DATE OF SELECTION: \_\_\_\_\_

I certify that this office has an Employee Evaluation Plan and Career Development Plan, both of which meet the minimum criteria set by the Compensation Board for such plans. I further certify that the above named individual meets all of the criteria established in this office's Career Development Plan.

\_\_\_\_\_  
Date Signature of Sheriff/Superintendent Printed Name

\_\_\_\_\_  
Locality

**PART II: REMOVAL FROM CAREER DEVELOPMENT PROGRAM**

NAME: \_\_\_\_\_ POSITION #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_ CURRENT SALARY: \$ \_\_\_\_\_

EMPLOYMENT DATE REQUESTED GRADE: \_\_\_\_\_ REQUESTED SALARY: \$ \_\_\_\_\_  
IN THIS OFFICE: \_\_\_\_\_

EFFECTIVE DATE OF SELECTION IN CDP: \_\_\_\_\_

EFFECTIVE DATE OF REMOVAL FROM CDP: \_\_\_\_\_

I certify that the above named individual no longer meets all of the criteria established in this office's Career Development Plan and a reduction in grade and salary is requested.

\_\_\_\_\_  
Date Signature of Sheriff/Superintendent Printed Name

\_\_\_\_\_  
Locality