

---Individual No Longer Employed---

Chose one of the following options

RETIREMENT: EFFECTIVE DATE : ___/___/___

___ In good standing ___ In lieu of termination ___ While under investigation

Comments _____

RESIGNATION: EFFECTIVE DATE : ___/___/___

___ In good standing ___ In lieu of termination ___ While under investigation

To other law enforcement employment _____

To non-law enforcement position _____

From Academy, if so: Class number _____

___ PAT Failure ___ Personal Reasons ___ Medical Reasons

Comments _____

TERMINATION: EFFECTIVE DATE : ___/___/___

Comments _____

DECEASED: Date : ___/___/___ Line of duty death: Yes ___ No ___

CRIMINAL CHARGES PENDING OR BROUGHT:

DATE : ___/___/___ Court: _____

Comments _____

Form Completed by: _____ / _____
Printed Name Signature

_____ / _____
Title Agency

Email Address

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Extension:

Revised 15 Jan 13

Phone Number