

EMPLOYMENT TERMINATION

PEACE OFFICER STANDARDS AND TRAINING BOARD

PFN 5

INSTRUCTIONS

The Employment Termination form is to be used by an agency any time a peace officer leaves employment with an agency, whether the employee quits, is fired or otherwise is no longer employed.

Specific instructions for completing the form are as follows:

Peace Officer License Number

The four digit peace officer license number should be placed in this area. If the license number can not be determined, the social security number of the officer must be used.

Name

The name of the peace officer should be printed in this area. It is preferred that the name be printed last name first, first name, then the middle initial.

Agency Name

The name of the agency submitting this form should be printed in this area.

Date Terminated

The date of the last day of employment with the agency should be placed in this area.

Reason

The reason for the employee leaving the agency should be recorded in this section by placing a check in the appropriate box.

Recommend Post Board Review

If the termination was based upon criminal violations, misconduct, or non-ethical behavior, the administrator may ask the POST Board to review the incident(s) by placing a check in the "Yes" box. If checked yes, please provide the Board with supporting documentation. If the termination has no bearing on the individual's license, place a check in the "No" box.

Cause of Termination

If the reason indicated for the termination is "Other", provide a narrative on these lines explaining the details of the termination. These lines may also be used if necessary to provide a narrative to explain any other portion of this form.

Agency Administrator's Signature

The agency administrator must sign this form.

Date Signed

The date that the form is signed should be recorded on this line.

A copy of this form should be retained by the agency. The original form should be sent to:

POST Board

PO Box 1054

Bismarck ND 58502-1054



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Peace Officer License No.	Name (Last, First, MI)
Agency Name	
Date Terminated	Reason: <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Termination <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Other (Explain)
Recommend POST Board Review: If checked yes, please provide supporting documentation for Board review. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Cause of Termination (If Applicable):

Agency Administrator's Signature

Date Signed

Please retain a copy of this form and forward the original to :

POST Board
PO Box 1054
Bismarck ND 58502-1054