

STATE OF ALABAMA
PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION
LAW ENFORCEMENT OFFICER TERMINATION FORM

(ALL AGENCIES ARE REQUIRED BY RULE 650-X-1-.16 (6) TO REPORT ALL TERMINATIONS OF LAW ENFORCEMENT OFFICERS WITHIN 10 DAYS.)

DEPARTMENT: _____

AGENCY HEAD: _____

CONTACT PERSON: _____ TELEPHONE : _____

OFFICER'S NAME: _____

SOCIAL SECURITY #: _____ EMPLOYMENT DATE: _____

(PLEASE FILL OUT THE APPROPRIATE BLOCK)

I. RETIRED: ___ YES ___ NO IF YES, EFFECTIVE DATE: _____

II. DECEASED: ___ YES ___ NO IF YES, DATE: _____

III. RESIGNED: ___ YES ___ NO IF YES, EFFECTIVE DATE: _____

WAS THE RESIGNATION _____ VOLUNTARY _____ INVOLUNTARY

IF INVOLUNTARY, PLEASE EXPLAIN:

IV. FIRED: ___ YES ___ NO IF YES, EFFECTIVE DATE: _____

IF YES, PLEASE EXPLAIN: _____

V. MEDICAL/DISABILITY: _____ YES _____ NO

IF YES, EFFECTIVE DATE: _____ IF YES, PLEASE EXPLAIN:

SIGNED: _____
CHIEF LAW ENFORCEMENT OFFICER

DATE: _____

RETURN TO APOSTC P. O. BOX 300075 MONTGOMERY, AL 36130-0075
OR FAX 334-242-4633

POST-8 (REVISED 1/99)