



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

LAW ENFORCEMENT TERMINATION/REASSIGNMENT REPORT

SEE INSTRUCTIONS ON REVERSE

Department: _____ Telephone: _____

Address: _____
Post Office Box or Street Number City & Zip Code

Name of Officer: _____ SSN: XXX-XX- _____

Date of Termination/Reassignment _____ Is the officer certified? Yes ___ No ___
Full-Time ___ Part-Time ___
If yes, please return the original certificate.

Reason for termination.

- Deceased.
- Discharged. (Please explain below.)
- Reassigned to non law enforcement duties.
- Resigned in good standing/eligible for re-hire.
- Resigned in good standing/ineligible for re-hire. (Please explain below.)
- Resigned to prevent termination. (Please explain below.)
- Resigned prior to, during or at the conclusion of an investigation. (Please explain below.)
- Retired.
- Other. (Please explain below.)

Comments: _____

(Use additional 8.5 x 11 sheets of paper if necessary)

Signature of Agency/Department Head _____

Date _____

INSTRUCTIONS

Please complete this form on all law enforcement officers who have left law enforcement duty by reassignment, retirement or resignation, etc.

1. This form must be completed and submitted within ten (10) working days of change in employment status.
2. Type or print in ink when completing this form.
3. Type the name of the employing agency/department and telephone number.
4. Enter the employing department's mailing address.
5. Record the full name of the officer concerned and his/her social security number.
6. Enter the date of termination/reassignment. Indicate whether or not the officer is certified, certified full-time or part-time, reserve, or auxiliary. If the officer is certified then return his/her original certificate with the form. Specify the reason for termination. Sign and date the form where indicated and return to the address below.
7. This form must be signed and dated by the head of the agency, or the form must be signed and dated by someone with the authority to do so. If the later is the case, then we must have a letter, on file at this office, stating specifically who has such authority. This letter will have to be authorized by the head of the agency.
8. Once completed, signed and dated return to the address below.

MS Dept. of Public Safety/Div. Of Public Safety Planning/
Office of Standards and Training
Post Office Box 1633
Canton, MS 39046

Telephone (601) 391-4896; Facsimile - (601) 391-4439