



NOTICE OF PEACE OFFICER SEPARATION

Per RCW43-101-105, this form must be submitted to the Washington State Criminal Justice Training Commission (WSCJTC) **within 15 days of separation**; regardless of pending appeals. This form must be signed by the agency head or their designee. If a designee is assigned, they acknowledge the agency head has been briefed on this action.

Section 1: Peace Officer's Information

FULL legal name (as reflected on state issued driver's license) (First Middle Last):	Acadis ID or SSN#:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Agency:	Status: <input type="checkbox"/> Officer <input type="checkbox"/> Deputy <input type="checkbox"/> Reserve <input type="checkbox"/> Other:
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Date Of Birth (MM/DD/YYYY):	Hire Date (MM/DD/YYYY):	Separation Date (MM/DD/YYYY):
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Separated Peace Officer's Mailing Address:	Contact Phone #:	Personal Email:
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Section 2: Reason For Separation

Resignation Termination Retirement Medical Deceased

If resignation, retirement or medical separation; did the peace officer do so in lieu of termination? Yes* No

Was the officer under investigation or accused of any wrongdoing or misconduct at the time of separation? Yes* No

If the officer was terminated or you checked yes in either box above, a detailed explanation shall be provided below.

Details surrounding termination/resignation/retirement:

Section 4: This section must be signed by the agency head or designee indicating the agency head is aware of this action.

I understand that the WSCJTC will rely on the information provided in Section 2 for matters pertaining to peace officer certification and I understand that falsifying or omitting this required information could be grounds for revocation of my peace officer certification by the WSCJTC.

Signed this ____ day of ____, 20____, in ____, Washington.

Agency Head or Designee Signature

Printed/Typed Name:	Rank/Title:	Contact Email:	Contact Phone:
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