

NOTIFICATION OF TERMINATION

Council on Law Enforcement Education and Training
2401 Egypt Road, Ada, Oklahoma 74820-0669 P: 405-239-5100 F: 405-239-5190

DUE WITHIN 10 DAYS OF TERMINATION

COMPLETE ONE

COMPLETION OF ALL FIELDS IS REQUIRED

- FULL-TIME OFFICER (Over 25 hours per week) CLEET #
RESERVE OFFICER (140 hours or less per month)

AGENCY DATA

- Address Change
Department Head Change

Name of Agency: Agency E-Mail:
Address: City: County: Zip:
Department Head: Title: Telephone () -

EMPLOYEE DATA (CURRENT INFORMATION REQUIRED)

Last Name: First Name: MI: Sex: M F DOB: / /
Home Address:
City: Zip: Home Phone: () -

EMPLOYMENT INFORMATION

Termination Date:
Resigned Discharged Retired Deceased Other, explain below

Comments:

O.S. 70 § 3311

Every law enforcement agency in this state shall, within thirty (30) days of a final order of termination or resignation while under investigation of a CLEET-certified peace officer, report such order or resignation in writing to the Director of the Council.

AGENCY ADMINISTRATOR ATTESTATION:

I certify the termination information provided is correct to the best of my knowledge. I understand that any false statement may be a crime punishable by fine and or imprisonment.

Original Signature of Agency Administrator or Designee: Date: / /

Sworn and subscribed before me this day of , 2.

Notary Public My Commission # Expires (Seal)