

## NOTIFICATION OF TERMINATION

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

**COMPLETION OF ALL FIELDS IS REQUIRED**

**DUE WITHIN 10 DAYS OF TERMINATION**

**COMPLETE ONE**

**FULL-TIME OFFICER** (Over 25 hours per week)

CLEET # \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

**RESERVE OFFICER** (140 hours or less per month)

**DEPARTMENT INFORMATION**

Name of Department: \_\_\_\_\_

Department E-Mail: \_\_\_\_\_ Telephone \_\_\_\_\_

Department Head: \_\_\_\_\_ Title: \_\_\_\_\_

**EMPLOYEE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ DOB: \_\_\_\_\_

**TERMINATION INFORMATION**

Termination Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Resigned

Discharged

Retired

Deceased

Resigned While Under Investigation

Discharged While Under Investigation

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.*

**DEPARTMENT ADMINISTRATOR ATTESTATION:**

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Original Signature of Department Administrator or Designee: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name of Department Administrator or Designee: \_\_\_\_\_ Title: \_\_\_\_\_