

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

Date of Appointment: _____ 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)