



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
POLICE OFFICER STANDARDS AND TRAINING COUNCIL



OFFICER DEPARTURE FORM
(within 10 days of departure)

FIRST AND LAST NAME: _____ DATE: __/__/__

DEPT./AGENCY _____ POSTC ID# _____ ID EXPIRATION DATE __/__/__

- | | | |
|---|-------------|--|
| <input type="checkbox"/> TERMINATED/
DISMISSED | DATE: _____ | <input type="checkbox"/> PURSUANT TO CGS § 7-291c FOR MALFEASANCE OR SERIOUS MISCONDUCT CALLING INTO QUESTION SUCH PERSON'S FITNESS TO SERVE AS A POLICE OFFICER.* |
| <input type="checkbox"/> RESIGNED | DATE: _____ | <input type="checkbox"/> PURSUANT TO CGS § 7-291c WHILE UNDER INVESTIGATION FOR SUCH MALFEASANCE OR OTHER SERIOUS MISCONDUCT.* |
| <input type="checkbox"/> RETIRED | DATE: _____ | <input type="checkbox"/> PURSUANT TO CGS § 7-291c WHILE UNDER INVESTIGATION FOR SUCH MALFEASANCE OR OTHER SERIOUS MISCONDUCT.* |
| <input type="checkbox"/> LAY-OFF | DATE: _____ | |
| <input type="checkbox"/> DECEASED | | |

IF CGS § 7-291c: PROVIDE A SUMMARY OF THE MALFEASANCE OR SERIOUS MISCONDUCT INVESTIGATED

- IS THIS PERSON AN INSTRUCTOR? YES NO
- IF YES, WILL YOUR AGENCY CONTINUE TO SPONSOR THEM? YES NO
- POSTC ID RETURNED? YES NO
- **A LOST/STOLEN INCIDENT REPORT MUST BE PROVIDED.**

I have read and signed this form and attest that the information provided herein is true and accurate to the best of my knowledge. I understand that intentionally making a false written statement that I do not believe to be true with the intent to mislead a public servant in the performance of their official functions on a form bearing this notice is punishable by law under False Statement in the 2nd degree, Connecticut General Statute Sec. 53a-157b, a Class A Misdemeanor.

SUBMITTED BY: (SIGNATURE) PRINT NAME DATE