



STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE



### Authorization for Termination of Service

Each section of this form shall be signed by an employee authorized to take appropriate accountability action at each function or command as specified below after all obligations related to separation from state service have been satisfied. **If a section is NOT APPLICABLE for the employee, "N/A" shall be indicated and a signature obtained from that section's designee.** The completed form shall be returned to Payroll prior to the employee's last day of state service (A&O § 4.6.9). Failure to obtain the necessary signatures or to submit this form to Payroll Unit may result in the delay or forfeiture of final salary payments. **Utilize a copy of employee's most recent and up-to-date DPS-235-C Personnel & Vehicle Inspection Form to assist.**

Employee Name (print): \_\_\_\_\_ Troop/Unit: \_\_\_\_\_ State Employee # \_\_\_\_\_  
(last name, first name MI)

**ASSIGNED TROOP/UNIT**

- |   |   |                 |   |
|---|---|-----------------|---|
| <input type="checkbox"/> Assigned Vehicle (Stock # ___ - ___) | \ | Troop/Unit to   | <input type="checkbox"/> Assigned Laser / Radar       |
| <input type="checkbox"/> MDT (if equipped)                    |   |                 | <input type="checkbox"/> Emergency Response Guidebook |
| <input type="checkbox"/> Roof rack (if equipped)              | / | return to Fleet | <input type="checkbox"/> Blood & Urine Specimen Kits  |
| <input type="checkbox"/> Stop Sticks                          |   |                 | <input type="checkbox"/> Misdemeanor Summons Book     |
| <input type="checkbox"/> DESPP Fuel Master Pro-Key (blue)     | / |                 | <input type="checkbox"/> Infraction Summons Book      |
| <input type="checkbox"/> DOT Fuel Master Pro Key (black)      | / |                 | <input type="checkbox"/> Juvenile Summons Book        |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Commanding Officer or Unit Supervisor

**QUARTERMASTER**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Police Badge    | <input type="checkbox"/> Not collected -Retired stamp requested (must provide to OFO) |   |
| <input type="checkbox"/> CSP ID Card     | <input type="checkbox"/> Class A Uniform Blouse                                       | <input type="checkbox"/> Raincoat             |
| <input type="checkbox"/> All Leather     | <input type="checkbox"/> Uniform Shirts/Pants/Sweater                                 | <input type="checkbox"/> Raid Jacket          |
| <input type="checkbox"/> Soft Body Armor | <input type="checkbox"/> Ike Jacket   | <input type="checkbox"/> Hi-Vis Traffic Vest  |
| <input type="checkbox"/> BDU / Web Gear  | <input type="checkbox"/> Winter Parka   | <input type="checkbox"/> Blanket              |
|  |   | <input type="checkbox"/> Fire Extinguisher    |
|  |   | <input type="checkbox"/> Flashlight           |
|  |   | <input type="checkbox"/> Traffic Control Wand |
|  |   | <input type="checkbox"/> Measuring Tape       |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Quartermaster Representative

**TRAINING ACADEMY**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Pistol (w/ case, magazines & ammo)       | <input type="checkbox"/> OC Spray (w/ holder)                 | <input type="checkbox"/> Basic First Aid Kit       |
| <input type="checkbox"/> Long gun (w/ case, magazines & ammo)     | <input type="checkbox"/> Baton (w/ holder)                    | <input type="checkbox"/> Naloxone                  |
| <input type="checkbox"/> Tactical Body Armor Kit (vest & helmet)  | <input type="checkbox"/> Handcuffs                            | <input type="checkbox"/> Personal Radiation Device |
| <input type="checkbox"/> Taser (w/ holster & cartridges)          | <input type="checkbox"/> Gas mask (w/ filter & hydration kit) | <input type="checkbox"/> POSTC Certification Card  |
| <input type="checkbox"/> Tactical Individual First Aid Kit (IFAK) |   |  |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Training Academy Representative

**IT SERVICES** — If none of this equipment was issued, obtain signature to verify no obligation

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Department Cell phone     | <input type="checkbox"/> Electronic key card(s) | <b>BWC:</b> <input type="checkbox"/> Body Worn Camera | <input type="checkbox"/> Magnetic plate |
| <input type="checkbox"/> Tablet / laptop (non-MDT) |   | <input type="checkbox"/> Spring clip mount            | <input type="checkbox"/> Magnetic mount |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  if N/A  
IT Services Representative

**CTS**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Portable Radio w/ Battery | <input type="checkbox"/> Lapel Microphone | <input type="checkbox"/> Home/Office Charger |
| <input type="checkbox"/> Spare Battery             | <input type="checkbox"/> Ear Piece        | <input type="checkbox"/> Travel Charger      |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
CTS representative or designee

**OFFICE OF FIELD OPERATIONS** — Return credit card (if applicable), and gas credit card

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Gas Credit card | <input type="checkbox"/> Issued Purchasing credit card (P-card) | <input type="checkbox"/> Police Badge (if requesting Retired stamp) |
|--|---|---|

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Office of Field Operations Representative

**My signature below certifies that:**

All issued Department of Emergency Services and Public Protection property has been returned in satisfactory condition; and I do not have any debt outstanding with the department.

Employee Signature: \_\_\_\_\_  N/A Date: \_\_\_\_\_  
(if employee signature is N/A, print name of person effecting turn-in duties for employee below, and have that person sign)