



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: __/__/__

LAW ENFORCEMENT AGENCY _____ POSTC ID# _____

REASON FOR DEPARTURE

Check one box

Date of Departure: _____

DISMISSED RESIGNED RETIRED LAY-OFF DECEASED

IF CGS § 7-291C: check box and list officer's home address below

PURSUANT TO CGS § 7-291c DISMISSED AFTER AN INVESTIGATION WAS COMPLETED FOR MALFEASANCE OR OTHER SERIOUS MISCONDUCT **OR** RETIRED/RESIGNED BEFORE AN INVESTIGATION FOR MALFEASANCE OR OTHER SERIOUS MISCONDUCT WAS COMPLETED.

OFFICER'S HOME ADDRESS: _____

THIS FORM DOES NOT START THE REVOCATION PROCESS. POSTC FORM-55 MUST BE COMPLETED TO START THE REVOCATION PROCESS.

IS THIS PERSON AN INSTRUCTOR? YES NO

IF YES, WILL YOUR AGENCY CONTINUE TO SPONSOR THEM? YES NO

POST ID CARD MUST BE RETURNED TO THE LAW ENFORCEMENT AGENCY UPON DEPARTURE

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