



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



OFFICER DEPARTURE FORM
(within 10 days of departure)

FULL NAME: _____ DATE: _____ POSTC ID# _____

LAW ENFORCEMENT AGENCY: _____ DATE OF DEPARTURE: _____

REASON FOR DEPARTURE: *Check one box*

TERMINATED *PURSUANT TO CGS § 7-291c- DISMISSED FOR MALFEASANCE OR OTHER SERIOUS MISCONDUCT CALLING INTO QUESTION SUCH PERSON'S FITNESS TO SERVE AS A POLICE OFFICER AFTER AN INVESTIGATION WAS COMPLETED.*

RESIGNED *PURSUANT TO CGS § 7-291c – RESIGNED OR RETIRED FROM SUCH OFFICER'S POSITION WHILE UNDER INVESTIGATION FOR SUCH MALFEASANCE OR*
RETIRED *OTHER SERIOUS MISCONDUCT BEFORE INVESTIGATION WAS COMPLETED*

LAY-OFF **DECEASED**

COMMENTS: _____

IF CGS § 7-291c: check appropriate box and fill in officer's home address.

OFFICER'S HOME ADDRESS _____

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

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

IS THIS PERSON AN INSTRUCTOR? YES NO

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

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 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