

Form  
CJ 1273  
Rev 09/09



**TERMINATION FROM  
BASIC RESERVE OFFICER ACADEMY**

**WASHINGTON STATE CRIMINAL JUSTICE  
TRAINING COMMISSION**

STUDENT NAME	SOCIAL SECURITY #	DEPARTMENT (Do not abbreviate)
<b>Student Mailing Information:</b>		<b>TERMINATION BREAKDOWN:</b>
Street Address	DATE OF HIRE	<input type="checkbox"/> Voluntary Withdrawal
City State Zip	ACADEMY SESSION	<input type="checkbox"/> Agency Withdrawal
Home Phone ( ) -	DATE OF ACADEMY TERMINATION	<input type="checkbox"/> Injury/Illness
REASON FOR TERMINATION		
THE FOLLOWING NOTIFICATIONS HAVE BEEN MADE:		
<input type="checkbox"/> Reason for Termination	<input type="checkbox"/> Return of Equipment/Materials	
<input type="checkbox"/> Staff Prognosis/Recommended Action	<input type="checkbox"/> Notification to Agency Head	
RECOMMENDED ACTION		
STUDENT SIGNATURE	ACADEMY REPRESENTATIVE SIGNATURE	
ROUTING:		
<input type="checkbox"/> Copy to WSCJTC Reserve Academy Coordinator		
<input type="checkbox"/> Academy File		