



NOTICE OF OFFICER SEPARATION

Per [RCW 43.101.135](#) - This form must be submitted to the Washington State Criminal Justice Training Commission (WSCJTC) **within 15 days of separation**: regardless of pending appeals. This form must be signed by the agency head or their designee. If a designee is assigned, they acknowledge the agency head has been briefed on this action.

Section 1: Officer's Information

FULL Legal Name (as reflected on state issued driver's license) First Middle Last:	Acadis ID:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Agency:	Status: <input type="checkbox"/> Officer <input type="checkbox"/> Deputy <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Corrections Deputy <input type="checkbox"/> Other:	
Date of Birth (MM/DD/YYYY):	Hire Date (MM/DD/YYYY):	Separation Date (MM/DD/YYYY):

Section 2: Reason for Separation

Resignation Termination Retirement Medical Deceased

If resignation, retirement, or medical separation: did the officer do so in lieu of termination? Yes* No

Was the officer under investigation or accused of any wrongdoing or misconduct at the time of separation? Yes* No

If the officer was terminated or if yes was checked in any box above, mark the corresponding box for misconduct per [RCW 43.101.105](#) and supply a detailed explanation in the summary box below:

Color of Authority Conviction Did not intervene/report use of force Discrimination Made false/misleading statements
 Prohibited from possessing weapons Sexual Harassment Use of Force Other

Details surrounding termination/resignation/retirement (if medical, do not enter information):

*If the officer was terminated or if yes was checked in any box above, provide the following information per [RCW 43.101.155](#):

Separated Officer's Mailing Address:	Contact Phone #:	MANDATORY Personal Email:
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Section 4: This section must be signed by the agency head or designee indicating the agency is aware of this action.

I understand that the WSCJTC will rely on the information provided in Section 2 for matters pertaining to peace and corrections officer certification and I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signed this _____ day of _____, 20____, in _____, Washington.

Signature

Printed/Typed Name:	Rank/Title:	Contact Email:	Contact Phone:
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