

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. If reporting misconduct, STOP. Please fill out this form via our Kaseware Web Portal. Otherwise, submission via WSCJTC ACADIS. Web Portal. **Section 1:** Officer's Information FULL Legal Name (as reflected on state issued driver's license) First Middle Last: Acadis ID: Gender Identity: Male Female **Appointment Type** If Other: Agency: (dropdown) 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 reporting misconduct, STOP. Please fill out this form via our Kaseware Web Portal. Otherwise, submission via WSCJTC ACADIS Web Portal. 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? 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 Made false/misleading statements Sexual Harassment ☐Use of Force Prohibited from possessing weapons □ Discrimination 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: Section 3: 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 Contact Phone: Printed/Typed Name: Rank/Title: **Contact Email:**