



**POLICE OFFICER STANDARDS AND TRAINING COUNCIL
285 PRESTON AVENUE
MERIDEN, CT 06450
CERTIFICATION DIVISION
203-427-2606**



Officer Departure Form

Department/Agency	Date
First Name	Last Name
POSTC ID#	ID Expiration Date

Reason for Departure:

<input type="checkbox"/> Retired	Date:	
<input type="checkbox"/> Resigned (Note reason) _____	Date:	
<input type="checkbox"/> Terminated (Note reason) _____	Date:	
<input type="checkbox"/> Lay-Off	Date:	
<input type="checkbox"/> Deceased	Date:	

<u>Is this person an instructor ?</u>	Yes	No
<u>If yes, will your agency continue to sponsor them?</u>	Yes	No

POSTC ID Returned: Yes No*

**A lost/stolen incident report must be attached when submitted.*

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. False Statement in the 2nd degree, under Connecticut General Statute § 53a-157b, is a class A Misdemeanor.

Submitted by: (Signature)

Print Name