

## NOTIFICATION OF TERMINATION

COMPLETION OF ALL FIELDS IS REQUIRED

**DUE WITHIN 5 DAYS OF TERMINATION**

### COMPLETE ONE

- ☐ **FULL-TIME OFFICER** (Over 25 hours per week) CLEET # \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
☐ **RESERVE OFFICER** (140 hours or less per month)

### DEPARTMENT INFORMATION

Name of Department: \_\_\_\_\_  
Department E-Mail: \_\_\_\_\_ Telephone \_\_\_\_\_  
Department Head: \_\_\_\_\_ Title: \_\_\_\_\_

### EMPLOYEE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sex: M ☐ F ☐ DOB: \_\_\_\_\_

### TERMINATION INFORMATION

Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Resigned ☐ Discharged ☐ Retired ☐ Deceased.  
☐ Resigned While Under Investigation ☐ Discharged While Under Investigation ☐ Transfer ☐ Other

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### O.S. 70 § 3311

*Every law enforcement agency in this state shall, within thirty (30) days of a final order of termination or resignation while under investigation of a CLEET-certified peace officer, report such order or resignation in writing to the Director of the Council.*

### DEPARTMENT ADMINISTRATOR ATTESTATION:

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Original Signature of Department Administrator or Designee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Department Administrator or Designee: \_\_\_\_\_ Title: \_\_\_\_\_