

NOTIFICATION OF LEAVE

COMPLETION OF ALL FIELDS IS REQUIRED

DUE WITHIN 5 DAYS OF LEAVE

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: _____

LEAVE INFORMATION

Leave Start Date: _____

Return to Duty Date (if extension beyond this date is needed a new leave request will need to be submitted before this date): _____

☐ Medical

☐ Military

☐ Pending Retirement

☐ Other: Please explain below

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: _____