CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION
POST OFFICE DRAWER 149, RALEIGH, NC 27602
TELEPHONE: (919) 661-5980

Form F-5B
(Rev. 09-2026)

AFFIDAVIT OF SEPARATION

Instructions

Please Type or Print all information clearly. This Form shall be completed for each separation from a certified position. The report must be submitted to the Commission:

NO LATER THAN 10 DAYS after FINAL SEPARATION for Law Enforcement and Juvenile Justice.
NO LATER THAN 30 DAYS after FINAL SEPARATION for Adult Correction.

A copy of this form must be retained in the Agency's personnel file.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

Separating Agency: _____

Address: _____
Street Address/PO Box City Zip Code

Separated Officer's Name: _____
First Middle Last

Home Address: _____

Cell Phone Number: _____ Date of Birth: _____

Last 4 Digits of SSN: _____ Acadis ID: _____

Date of Oath of Office: _____ Length of Service: _____

Status: ☐ Full Time ☐ Part Time Date of Final Separation: _____

Reason for Separation

☐ Death ☐ Resignation ☐ Dismissal ☐ Retirement ☐ Other*

*Other (Explain) _____

Answer the questions below:

Is this agency aware of any allegation(s) in the past 18 months concerning potential criminal action or potential misconduct by the officer? ☐ Yes ☐ No

If yes, have any criminal charges been filed? ☐ Yes ☐ No

Is this agency aware of any substantiated allegation(s) of untruthfulness regarding this officer?
☐ Yes ☐ No

If you answered "Yes" to any of the question(s) above, you must provide a detailed explanation on page 2.

NOTE: To the extent that confidential information as defined by G.S. 153A-98, 160A-168, or 126-24 is maintained in the personnel file of any law enforcement agency or entity maintaining records of a law enforcement agency that employed the applicant, that information shall remain confidential in the files of the Criminal Justice Standards Division.

Provide a detailed description of the facts underlying the dismissal, investigation, potential criminal action, misconduct, and/or substantiated allegation(s) of untruthfulness referenced on the previous page. Do not use generic terminology in this section such as conduct unbecoming, failed to meet agency standards, violation of agency procedures, etc. Detailed information describing the unlawful act or act of misconduct is needed for efficient processing (Attach additional sheets as necessary).

1. Agency Contact Person or Investigator's Name: _____

2. Agency Contact Person or Investigator's Phone Number: _____

Officer Notification

The section below is to be filled out by the Executive Officer or Authorized Representative

☐ The officer has been informed of his/her option to provide a written statement to this Affidavit of Separation which can be submitted with this document or sent to:
NCLEO@NCDOJ.GOV for law enforcement officers;
NCDJJ@NCDOJ.GOV for juvenile justice officers, juvenile court counselors, and chief court counselors;
CJSDDAC@NCDOJ.GOV for correctional officers and probation/parole officers; or
NCPLE@NCDOJ.GOV for campus and company police officers.

Was the Officer provided with a copy of this completed Form F-5B? ☐ Yes ☐ No

If yes, in what manner was form provided to the officer?
☐ In Person ☐ Personal Email ☐ Certified Mail ☐ Other (Please Specify) _____

_____	_____	_____	_____
Signature of Executive Officer or Authorized Representative	Printed Name	Title	Date