



Eff. October 2021

**NORTH CAROLINA DEPARTMENT OF JUSTICE  
SHERIFFS' STANDARDS DIVISION**

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DIRECTOR

<b>REPORT OF SEPARATION</b>	
<b>FORM F-5</b>	
<input type="checkbox"/> <b>DEPUTY SHERIFF</b>	<input type="checkbox"/> <b>DETENTION OFFICER</b>

**INSTRUCTIONS:** Please type or print all information clearly. This form shall be completed upon separation from one or both certified positions. This form must be submitted to the Commission **NO LATER THAN 10 DAYS AFTER FINAL SEPARATION**. A copy of this form must be retained in the appointing Agency's Personnel file.

SEPARATING AGENCY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICER'S NAME \_\_\_\_\_

(First) (Middle) (Last)

CURRENT HOME ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ LAST FOUR OF SSN \_\_\_\_\_

DATE OF EMPLOYMENT: DEPUTY \_\_\_\_\_ DETENTION OFFICER \_\_\_\_\_

DATE OF SEPARATION: DEPUTY \_\_\_\_\_ DETENTION OFFICER: \_\_\_\_\_

Deceased

Was this separation a result of a criminal investigation or violation of Commission rules?  YES  NO

Are you aware of any on-going or substantiated internal investigation regarding this officer within the last 18 months?  YES  NO

Are you aware of any substantiated allegation(s) of untruthfulness regarding this officer?  YES  NO

I, as an official representative of this agency, do advise that the above-named officer has been separated from this agency on the date indicated herein. In addition, pursuant to the requirements of 12 NCAC 10B .0405(c), the officer has been notified of this separation as evidenced by his/her signature below or the attached letter. **IF this officer was ACTIVE between January and July, and did not complete the mandated In-Service Training, he/she must do so before becoming Active again. In addition, the obligation to notify the Sheriffs' Standards Division of criminal charges, domestic violence orders and civil no contact orders continues for one year from the date of separation.**

Signature of Sheriff or Registered Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Officer or indicate notice of separation mailed to Officer: \_\_\_\_\_ Date Signed/Notice Mailed: \_\_\_\_\_

\*\*\*Officer has the right to submit a written statement of additional information to the Sheriffs' Standards Division regarding this separation\*\*\*