

NORTH CAROLINA DEPARTMENT OF JUSTICE SHERIFFS' STANDARDS DIVISION

JOSH STEIN ATTORNEY GENERAL POST OFFICE BOX 629 RALEIGH, NC 27602 - 0629 TELEPHONE: 919-779-8213 FAX: 919-662-4515

DIANE KONOPKA DIRECTOR

REPORT OF SEPARATION FORM F-5T TELECOMMUNICATOR

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 _____ (Middle) (Last) CURRENT HOME ADDRESS _____ LAST FOUR OF SSN: DATE OF BIRTH DATE OF EMPLOYMENT: DATE OF SEPARATION: ____ \Box **Deceased** Was this separation a result of a criminal investigation or violation of Commission rules? \square YES \square NO Are you aware of any on-going or substantiated internal investigation regarding this officer within the last 18 months? \square YES \square NO Are you aware of any substantiated allegation(s) of untruthfulness regarding this officer? \square NO \square YES 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/Agency Head/Registered Authorized Representative: Title: Date: **Signature of Officer:** Date: