CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION
Post Office Drawer 149, Raleigh, N.C. 27602
Telephone: (919) 661-5980

FORM F-5B (DJJDP)
Rev.(6/11)

REPORT OF SEPARATION
JUVENILE JUSTICE OFFICER & CHIEF/JUVENILE COURT COUNSELOR

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. A copy of this form must be retained in the personnel file and maintained by the employing Agency.

Certification: ☐ DJJDP Chief/Juvenile Court Counselor ☐ DJJDP Juvenile Justice Officer

Separating Agency (Facility/District): _____ Phone Number: _____

Address: _____
Street City Zip Code

Agency ORI, if known (Originating Routing Identifier assigned by NCIC) : _____

Separated Employee's Name:_____
First Middle Last

Last Four Digits SSN: _____ Date of Birth: _____

Position Title: _____ Date Appointed as Certified Officer: _____

Date of Final Separation: _____

Reason for Separation:

☐ Resignation ☐ Retirement ☐ Dismissal ☐ Death ☐ Transfer to Non-Certified Position ☐ Other _____

Agency's Comments: (Provide detailed information concerning reason for separation)

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I, as an official representative of this agency, do advise that the above-named officer has been separated/transferred from his/her criminal justice certification on the date indicated and the prior appointment to criminal justice certification has been terminated.

_____

Signature of Executive Officer or Registered Authorized Representative **Date**