

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

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AFFIDAVIT OF SEPARATION LAW ENFORCEMENT OFFICER

Form F-5B(LE)

Rev. 3/11/13

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 Agency's personnel file. **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.**

Separating Agency: _____ Telephone Number: _____

Address: _____
Street Address/PO Box City Zip Code

Agency or ORI Number (If available): _____
(ORI- Originating Routing Identifier assigned by NCIC)

Separated Officer's Name: _____
First Middle Last

Home Address: _____

Date of Birth: _____ Last 4 Digits of SSN: _____

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

Position/Rank: _____ Full Time Part Time

Date of Final Separation: _____

Reason for Separation

Death: Yes No Resignation Dismissal Other Retirement
Type: Service Disability

If No, check one of the boxes below:

This agency is **NOT** aware of any investigation(s) in the last 18 months concerning potential criminal action or potential misconduct by this officer.

This agency **IS** aware of any investigation(s) in the last 18 months concerning potential criminal action or potential misconduct by this officer.

Have criminal charges been filed? Yes No

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

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

Detailed description of reasons for investigation: 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.)

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

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public in and for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

WITNESS my hand and official seal, this the _____ day of _____, 20__.

Notary Public My Commission expires: _____

Notice to Separating Officer

- I have been advised of my option to provide a written attachment to this Affidavit of Separation and I **HAVE** provided such written attachment.
- I have been advised of my option to provide a written attachment to this Affidavit of Separation and I have **NOT** provided such written attachment.

Signature of Officer Printed Name of Officer Title Date

- Officer Refused to Sign Officer Unavailable to Sign

Was the officer provided with a copy of this completed Form F-5B(LE)? Yes No

If yes, in what manner was form provided to the officer?

- In Person Mail Certified Mail Other (please specify) _____

Signature of Executive Officer or Authorized Representative Date