CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980
Fax: (919) 779-8210

Form F-5B(LCP)
(Rev. 6/11)

REPORT OF SEPARATION LOCAL CONFINEMENT PERSONNEL

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 should be retained in the Agency's personnel file.

Separating Agency: _____ Phone Number: _____

Address: _____
Street City Zip Code

Agency 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 Appointed/Employed: _____ Length of Service: _____

Position/Title: _____ ☐ Full Time ☐ Part Time
(Officer, Supervisor, Administrator)

Date of Final Separation: _____

Reason for Separation:

☐ Retirement ☐ Resignation ☐ Dismissal ☐ Death ☐ Other: _____

Reason: _____

_____

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_____

Employability: (Place check mark in as many of these boxes as applicable)

☐ This agency would consider this individual for reappointment.

☐ This agency would NOT consider this individual for reappointment.

☐ This agency would consider this individual for reappointment except it is prohibited by departmental policy.

☐ This agency would recommend employment elsewhere as a criminal justice officer.

☐ This agency would NOT recommend employment elsewhere as a criminal justice officer.

Agency's Comments:

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I, as an official representative of this agency, do advise that the named officer has been separated from this agency on the date indicated herein and the prior appointment/employment has been properly terminated.

_____

Signature of Executive Officer or Authorized Representative Title Date