

NOTIFICATION OF TERMINATION

Council on Law Enforcement Education and Training
2401 Egypt Road, Ada, Oklahoma 74820-0669 P: 405-239-5100

COMPLETION OF ALL FIELDS IS REQUIRED

DUE WITHIN 10 DAYS OF TERMINATION

COMPLETE ONE

FULL-TIME OFFICER (Over 25 hours per week)

CLEET # _____ SSN: XXX-XX-_____

RESERVE OFFICER (140 hours or less per month)

DEPARTMENT INFORMATION

Name of Department: _____

Department E-Mail: _____ Telephone _____

Department Head: _____ Title: _____

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ MI: ____ Sex: M ____ F ____ DOB: _____

TERMINATION INFORMATION

Termination Date: ____ / ____ / ____

Resigned

Discharged

Retired

Deceased

Resigned While Under Investigation

Discharged While Under Investigation

Comments: _____

O.S. 70 § 3311

Every law enforcement agency in this state shall, within thirty (30) days of a final order of termination or resignation while under investigation of a CLEET-certified peace officer, report such order or resignation in writing to the Director of the Council.

DEPARTMENT ADMINISTRATOR ATTESTATION:

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Original Signature of Department Administrator or Designee: _____ Date: ____ / ____ / ____

Printed Name of Department Administrator or Designee: _____ Title: _____