

PEACE OFFICER STANDARDS AND TRAINING BOARD  
**EMPLOYMENT TERMINATION REPORT**  
PFN 5

Instructions

The Employment Termination Report form is to be used by an agency any time a peace officer leaves employment with an agency, whether the employee quits, is fired or otherwise is no longer employed. Specific instructions for completing the form are as follows:

**Peace Officer License Number**

The peace officer license number for the officer should be placed in this area. If the license number can not be determined, the social security number of the officer must be used.

**Name**

The name of the peace officer should be printed in this area. It is preferred that the name be printed last name first, first name, then the middle initial.

**Dept. No.**

The department code that should be placed in this area should be the fourth, fifth, sixth and seventh numbers of the agency identifier (ORI) issued by State Radio. If the ORI is not known, this box may be left blank.

**Department Name**

The name of the agency submitting this form should be printed in this area.

**Date Terminated**

The date of the last day of employment with the agency should be placed in this area.

**Reason**

The reason for the employee leaving the agency should be recorded in this section by placing a check in the appropriate box.

**RECOMMEND POST BOARD REVIEW**

If the termination was based upon criminal violations, misconduct, or non-ethical behavior, the administrator may ask the POST Board to review the incident(s) by placing a check in the "Yes" box. If the termination has no bearing on the individual's license, place the check in the "No" box.

**Cause of Termination**

If the reason indicated for the termination is "Other", provide a narrative on these lines explaining the details of the termination. These lines may also be used if necessary to provide a narrative to explain any other portion of this form.

**Agency Administrator's Signature**

The agency administrator must sign this form.

**Date Signed**

The date that the form is signed should be recorded on this line.

A copy of this form should be retained by the agency. The original form should be sent to the POST Board.



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Peace Officer License No.		Name (Last, First, MI)			
Dept. No.	Department Name				
Date Terminated	Reason:	<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Involuntary Resignation	<input type="checkbox"/> Retired	<input type="checkbox"/> Deceased <input type="checkbox"/> Other (Explain)
Recommend POST Board Review:					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

Cause of Termination (If Applicable):

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**Agency Administrator's Signature**

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**Date Signed**

POST Board  
PO Box 1054  
Bismarck ND 58502-1054

Please retain a copy of this form and forward the original to the POST Board