



MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION
 8002 Bretz Drive
 Harrisburg, Pennsylvania 17112-9748
<http://www.psp.pa.gov/MPOETC>

SEPARATION RECORD FORM

SEPARATING LAW ENFORCEMENT OFFICER

OFFICER LAST NAME		OFFICER FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVERS LICENSE NUMBER	

DETAILS OF SEPARATION

DATE OF HIRE		DATE OF SEPARATION	
AGENCY NAME	CITY/BORO	STATE	ZIP CODE

TYPE OF SEPARATION:

TERMINATION
 RESIGNATION
 RETIREMENT
 DECEASED (NO FURTHER INFORMATION REQUIRED)

CIRCUMSTANCES AND/OR REASONS FOR SEPARATION INCLUDE THE FOLLOWING (IF APPLICABLE):

DISCIPLINARY RECORD
 CIVIL AND/OR ETHICAL COMPLAINTS
 CRIMINAL CHARGES AND/OR CONVICTION

CONDITIONS OF SEPARATION ARE SEALED BY A COURT ORDER OR OTHER NON-DISCLOSURE ORDER AS NOTED BELOW:

COUNTY _____ CASE NUMBER _____

HIRING REPORT REQUIREMENTS

EMPLOYMENT RECORD RETAINED BY AGENCY INDICATES FINAL AND BINDING DISCIPLINARY ACTION OR CONVICTION FOR THE FOLLOWING CONDITIONS:

EXCESSIVE FORCE
 HARASSMENT
 THEFT
 DISCRIMINATION
 SEXUAL ABUSE
 SEXUAL MISCONDUCT
 DOMESTIC VIOLENCE
 COERCION OF A FALSE CONFESSION
 FILING A FALSE REPORT
 JUDICIAL FINDING OF DISHONESTY

AUTHORIZATION AND APPROVAL

I hereby certify the information contained on this form is true and correct and is consistent with the requirements of 44 Pa. C.S., Chapter 73 (relating to law enforcement background investigations and employment information). I am signing this document with the full understanding that providing false information will subject me to criminal penalties in 18 Pa. C.S., § 4904 (relating to unsworn falsification to authorities) and may subject me to civil liability as described in 44 Pa. C.S., Chapter 73.

NAME OF HEAD OF LAW ENFORCEMENT AGENCY OR (IF APPLICABLE) AUTHORIZED REPRESENTATIVE SUBMITTING THIS FORM

SIGNATURE	DATE
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