



# MISSISSIPPI

## PEACE OFFICER STANDARDS & TRAINING

### EMERGENCY TELECOMMUNICATOR TERMINATION/REASSIGNMENT REPORT

SEE INSTRUCTIONS ON REVERSE

Name of Telecommunicator: \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Post Office Box or Street Number City & Zip Code

Date of Termination/Reassignment \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Is the telecommunicator certified? Yes \_\_\_\_ No \_\_\_\_  
*If yes, please return the original certificate.*

**Reason for termination.**

- Deceased.
- Discharged. (Please explain below.)
- Reassigned to non law enforcement duties.
- Resigned in good standing/eligible for re-hire.
- Resigned in good standing/ineligible for re-hire. (Please explain below.)
- Resigned to prevent termination. (Please explain below.)
- Resigned prior to, during or at the conclusion of an investigation. (Please explain below.)
- Retired.
- Other. (Please explain below.)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional 8.5 x 11 sheets of paper if necessary)

Signature of Agency/Department Head \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS

**MCA § 19-5-303 (m) - "Telecommunicator" shall mean any person engaged in or employed as a telecommunications operator by any public safety, fire or emergency medical agency whose primary responsibility is the receipt or processing of calls for emergency services provided by public safety, fire or emergency medical agencies or the dispatching of emergency services provided by public safety, fire or emergency medical agencies and who receives or disseminates information relative to emergency assistance by telephone or radio.**

Please complete this form on all emergency telecommunicators who have left such duty by reassignment, retirement, resignation, etc. and submit within 10 working days of change in employment status.

1. Type or print in ink when completing this form.
2. Type the name of the employing agency/department and telephone number.
3. Enter the employing department's mailing address.
4. Record the full name of the emergency telecommunicator concerned and last four of his or her social security number.
5. Enter the date of termination/reassignment. Indicate whether or not the telecommunicator is certified. If so, then return his or her original certificate with the form. Specify the reason for termination. Sign and date the form where indicated and return to the address below.
6. The signature on this form must be that of the head of the agency/department or someone with authority to sign in his or her name. There must be a letter on file, at this office, stating specifically who has the authority to sign in the department head's name. This letter will have to be authorized by the head of said agency/department.

MS Department of Public Safety | Division of Public Safety Planning

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