



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

DETENTION OFFICER TERMINATION/REASSIGNMENT REPORT

SEE INSTRUCTIONS ON REVERSE

Department: _____ Telephone: _____

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

Name of Officer: _____ SSN: _____

Date of Termination/Reassignment ____ / ____ / ____ Is the officer certified? Yes ____ No ____
If yes, please return the original certificate.

Reason for termination.

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

Comments: _____

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

Signature of Agency/Department Head _____

Date _____

INSTRUCTIONS

Please complete this form on all detention officers who have left detention officer duty by reassignment, retirement or resignation, etc.

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 officer concerned and his/her social security number.
5. Enter the date of termination/reassignment. Indicate whether or not the officer is certified. If the officer is certified then return his/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. This form must be signed and dated by the head of the agency, or the form must be signed and dated by someone with the authority to do so. If the later is the case, then we must have a letter on file at this office stating specifically who has such authority. This letter will have to be authorized by the head of the agency.
7. Once completed, signed and dated return the form to the appropriate address below within ten (10) working days.

MS Dept. of Public Safety/Div. Of Public Safety Planning/
Office of Standards and Training
PO Box 1633
Canton, MS 39046

standards.training@dps.ms.gov

Telephone # - (601) 391-4896, Fax # - (601) 391-4439