



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

Law Enforcement Separation / Reassignment Form

SEE INSTRUCTIONS ON REVERSE

Department: _____ Telephone: _____

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

Name of Officer: _____ SSN: XXX-XX-_____

Date of Separation / Reassignment _____ Is the officer certified? Yes ____ No ____
Full-Time ____ Part-Time ____
If yes, please return the original certificate.

Reason for Separation:

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

HB 565 Separation Statement (Required):

Pursuant to House Bill 565 (2025), the employing agency must provide the Board on Law Enforcement Officer Standards and Training (BLEOST) with a written explanation of the circumstances of any officer's separation, whether voluntary (resignation/retirement) or involuntary (termination/dismissal). This explanation must clearly indicate the reason for the separation and include supporting documentation if the separation was for cause or occurred while under investigation or pending disciplinary action.

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

Signature of Agency/Department Head

Date

MS Dept. of Public Safety/Div. Of Public Safety Planning/
Office of Standards and Training
Post Office Box 1633
Canton, Mississippi 39046
Telephone # - (601) 391-4896, Fax # - (601) 391-4439



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INSTRUCTIONS

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

1. Officer Separation/Termination Reporting Instructions

Submission Deadline – This form must be completed and submitted to the Board on Law Enforcement Officer Standards and Training (BLEOST) within seventy-two (72) hours of any change in employment status (resignation, retirement, termination, reassignment, or other separation).

Completion Method – Type or print in ink when completing this form.

Agency Information – Enter the full name of the employing agency/department, telephone number, and mailing address.

Officer Information – Record the full name of the officer, last four digits of the Social Security Number, and certification status (full-time, part-time, reserve, or auxiliary).

Separation Details – Enter the date of separation/termination/reassignment.

If the officer is certified, return his/her original certificate with this form.

HB 565 requires a written explanation of the reason for separation. Clearly indicate whether the separation was voluntary (resignation/retirement) or involuntary (termination/dismissal), and include supporting documentation if separation was for cause or occurred while under investigation or pending disciplinary action.

Authorization – This form must be signed and dated by the head of the agency. If signed by a designee, a current authorization letter signed by the agency head must be on file with BLEOST.

Submission – Once completed, signed, and dated, return this form and any required documentation to BLEOST at the address below or email to standards.training@dps.ms.gov

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Office of Standards and Training
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Canton, MS 39046

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