



**PEACE OFFICER STANDARDS AND TRAINING (POST)
SEPARATION/CHANGE IN STATUS FORM: SS0001**

This form must be completed within thirty (30) days of action. Mail form to: Executive Director, Peace Officer Standards and Training Council, # 1 Estate Diamond, Frederiksted, VI 00840. Incomplete forms will be returned.			
Agency			Hire date mm/dd/yy
Legal First Name		Middle Initial	Last Name
POST ID _____ Last 4 #s of SSN-First 4 Letters of First Name-Day of Birth (01-31)		DOB (mm/dd/yy)	E-mail
Home Phone	<u>Current</u> Home Mailing Address		City, State, ZIP
Current Position: <input type="checkbox"/> Patrol <input type="checkbox"/> Investigation <input type="checkbox"/> Dispatch <input type="checkbox"/> Correction <input type="checkbox"/> Other _____			
TYPE OF ACTION: Please Note: Providing this information does not make you or your agency a party to any action the POST Council might take. Check one Date of Action			
<input type="checkbox"/>	Resigned (Reason):		
<input type="checkbox"/>	Terminated (Reason):		
<input type="checkbox"/>	Dismissed (Reason):		
<input type="checkbox"/>	Graduated from a College Program		
<input type="checkbox"/>	Retired <input type="checkbox"/> Regular <input type="checkbox"/> Medical		
<input type="checkbox"/>	Deceased		
<input type="checkbox"/>	Name Change From: _____ To: _____		
<input type="checkbox"/>	Change in Position From: _____ To: _____		
<input type="checkbox"/>	Military <input type="checkbox"/> Deployed <input type="checkbox"/> Return to Duty		
<input type="checkbox"/>	Other Please specify: _____		
Did the employee take another law enforcement job in the Virgin Islands? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, which agency? _____			
Are you aware of any conduct by the employee that violates the POST Council's Rules for Peace Officers Certification Section 5. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I hereby certify to the best of my knowledge the information submitted on this form is true and correct. Signature of Agency Head: _____ Date: _____			
FOR POST USE ONLY: Certifications made inactive <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Copy to 2-Year Agreements <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Copy to Agency <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Copy for Retirement Card <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Processed by: _____ Date: _____			