



# Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

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dojmt.gov/post

## NOTICE OF TERMINATION

*This form is to be completed and forwarded to the POST Council at the above address within 10 days of termination, resignation, retirement or death. See § 7-32-303(4), M.C.A.*

### AGENCY INFORMATION

Agency Name: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Agency Contact (Person completing this form): \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Contact's E-mail: \_\_\_\_\_

### EMPLOYEE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

### TERMINATION INFORMATION

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

**Officer Type (check all that apply):**

Peace Officer	Deputy Coroner		
Corrections/Detention Officer	Public Safety Communications Officer		
Reserve Officer	Juvenile Detention	Adult Probation & Parole	
Sheriff	Coroner	Pretrial Service Officer	Misdemeanor Probation Officer
Other _____			

**Type of Termination (check one):**

Resigned	Retired	Involuntary*
Resigned Under Investigation*	Medically Disabled	Deceased
Other _____		

\*Explanation of circumstances (attach additional sheets/reports if necessary):

*I certify the above information is true and meets the requirements of the State of Montana and the POST Council.*

\_\_\_\_\_  
Official's Name and Title-Printed

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date