



EMPLOYMENT TERMINATION
PEACE OFFICER STANDARDS AND TRAINING BOARD
PFN5 (03/18)

Peace Officer License Number	Name (Last, First, Middle)				
Agency Name					
Date of Terminated	Reason:	<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Involuntary Resignation	<input type="checkbox"/> Retired	<input type="checkbox"/> Deceased <input type="checkbox"/> Other
Explanation if checked other:					
Recommend POST Board review: If checked yes, please provide supporting documentation for Board review: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Cause of Termination (If Applicable)

Agency Administrator Signature	Date
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Please retain a copy of this form and forward the original to the POST Board at:

**POST Board
PO Box 1054
Bismarck ND 58502-1054**