

EMPLOYMENT TERMINATION (PFN5)

NORTH DAKOTA PEACE OFFICER STANDARDS AND TRAINING (POST) BOARD SFN 62305 (05/23)

Officer License Number	Name (Last, First, Middle)	
Agency Name		
Date of Termination	Reason	
Explanation if checked other		
Recommend POST Board review (if yes, please provide supporting documentation for Board review)		
Cause of Termination (If Applicable)		

Agency Administrator Signature (typed name is the legal equivalent of a handwritten signature)	Date

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