



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

This form must be completed within fifteen (15) days of action. Mail form to: Peace Officer Standards and Training, 700 S. Stratford Dr., Meridian, ID 83642-6202. 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	Current Home Mailing Address	City, State, ZIP
Current Position: <input type="checkbox"/> Patrol <input type="checkbox"/> Investigation <input type="checkbox"/> Dispatch <input type="checkbox"/> Detention <input type="checkbox"/> Reserve <input type="checkbox"/> Marine Deputy <input type="checkbox"/> Juvenile Corrections <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Correction <input type="checkbox"/> Felony Probation and Parole <input type="checkbox"/> Adult Misdemeanor Probation <input type="checkbox"/> Conservation <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 Idaho? <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 Code of Ethics/Standards of Conduct in IDAPA 11.11.01.064 or is listed in IDAPA 11.11.01.091.04. <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/College Program Coordinator: _____		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 OPR <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: _____