



Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East
Helena, MT 59602

Phone: (406) 444-9975
Fax: (406) 444-9978

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. and ARM 23.13.216

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