

**Delaware Police Officer Standards and Training Commission (POST)**  
**NOTIFICATION OF EMPLOYMENT STATUS CHANGE**



**INSTRUCTIONS:** This form is to be completed and submitted to POST within five (5) business days of an employee status change to include: Retirement, Resignation, Termination, or Death.

**NOTIFICATION OF EMPLOYMENT STATUS CHANGE**

STATUS CHANGE (CHECK ONE)				
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> TERMINATION	<input type="checkbox"/> DEATH	EFFECTIVE DATE:

EMPLOYEE INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAIDEN NAME (IF APPLICABLE)	POST CERTIFICATION NUMBER	DATE OF BIRTH	AGENCY HIRE DATE
CURRENT MAILING ADDRESS			

SUBMITTING AGENCY INFORMATION	
AGENCY	CHIEF OF POLICE / SUPERINTENDENT or GOVERNMENT HEAD FOR A POLICE CHIEF

The submission of this form shall serve as certified notice to the Delaware Police Standards and Training Commission (POST) that the above identified employee has had or will have an employment status change with the agency on the indicated effective date.

It is further certified that:

<input type="checkbox"/>	To the best of my knowledge the employee identified herein is not by his/her conduct or reputation, subject to any action by the <b>Delaware Police Officer Standards and Training Commission (POST)</b> provided in Section 8404(a)(4) and is eligible for reemployment consideration.
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**OR**

<input type="checkbox"/>	The employee identified herein, by his/her conduct or reputation, may be subject to the provisions of Section 8404(a)(4) and may require action on the part of P.O.S.T. for suspension or revocation in accordance with the below established guidelines. <b>(Please check all that apply.)</b>
<input type="checkbox"/>	The employee obtained a certificate by fraud or deceit.
<input type="checkbox"/>	The employee has failed to successfully complete any in-service or advanced training required by the Commission.
<input type="checkbox"/>	The employee has been convicted of a felony, or of a misdemeanor involving domestic violence, or of any local, state or federal criminal offense involving, but not limited to, theft, fraud, violation of the public trust, or of any drug law.
<input type="checkbox"/>	The employee has been found, after examination by a licensed psychologist or psychiatrist, to be psychologically or emotionally unfit to perform the duties or exercise the powers and authority of a police officer.
<input type="checkbox"/>	The employee has received a hearing pursuant to the Police Officer’s Bill of Rights, or who has knowingly and voluntarily waived that employees’ right to such a hearing and:
<input type="checkbox"/>	Has been discharged from employment with a law enforcement agency for a breach of internal discipline; or
<input type="checkbox"/>	Has retired or resigned prior to entry of findings of fact concerning an alleged breach of internal discipline for which the employee could have been legitimately discharged had the individual not retired from or resigned that employee’s position prior to the imposition of discipline by the employing agency.

SIGNATURE, CHIEF OF POLICE / SUPERINTENDENT OR GOVERNMENT HEAD (FOR POLICE CHIEF)	DATE
SIGNATURE, EMPLOYEE (SIGNATURE ONLY ACKNOWLEDGES RECEIPT)	DATE

If the employee will be seeking employment with another agency, please provide that information below:

NEW AGENCY:
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