



TENNESSEE  
PEACE OFFICER STANDARDS AND TRAINING COMMISSION

CHANGE OF STATUS

NAME: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
(Last) (First) (Middle)

DEPARTMENT: \_\_\_\_\_ CERTIFICATION NUMBER: \_\_\_\_\_

**SEPARATION:** This is to notify the POST Commission that the named officer is no longer employed by this department as indicated below:

Type of Separation                      Effective Date (mm/dd/yyyy)

Resigned                                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Retired                                        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Terminated                                \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      Reason: \_\_\_\_\_

Discharged                                 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      \_\_\_\_\_

Other                                         \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

New Employer, if known \_\_\_\_\_

**CHANGE OF NAME/RANK:** From \_\_\_\_\_ to \_\_\_\_\_  
Effective Date of Change: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**LEAVE:** This officer has been granted leave as indicated:  
From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Administrative                               Educational                                       Military

Medical                                         Maternity

Returned to full time status on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SUSPENSION:** This officer has been suspended for a period of fifteen (15) days or more  
From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      for the following reason(s)

\_\_\_\_\_  
\_\_\_\_\_

**FOR POST USE ONLY**

File \_\_\_\_\_ DOE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Card: 4x6 \_\_\_\_\_ 3x5 \_\_\_\_\_ DOB: \_\_\_\_\_

DOC: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
Print/Type Name of Agency Head

\_\_\_\_\_  
AGENCY