



**EMPLOYMENT TERMINATION**  
PEACE OFFICER STANDARDS AND TRAINING BOARD  
PFN5 (08/22)

Officer License Number	Name (Last, First, Middle)
Agency Name	
Date of Terminated	Reason: <input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Involuntary Resignation <input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Other
Explanation if checked other:	
Recommend POST Board review: If checked yes, please provide supporting documentation for Board review: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Cause of Termination (If Applicable)

Agency Administrator Signature	Date
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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**