



Maryland Police & Correctional Training Commissions

6852 4th Street, Sykesville, MD 21784 • (410) 875-3400 • Fax: (410) 875-3405

NOTICE OF PERSONNEL ACTION FORM

Please Type or Print clearly

Applicants Last Name:		MI:		First Name:	
Certification Number:				Date of Action:	
Agency Name:				Agency Code:	
Agency Contact:				Email:	

I. Separation of Employment (check one):

Resignation Retirement Termination Deceased (Condition not required)

Condition of Separation (check one):

General (separated in good standing)	Administrative investigation or charge
Reclassified to non-mandated/non-sworn position	Criminal investigation or charge
Withdrawn/Incomplete Academy	Felony or misdemeanor conviction
Unsatisfactory during Probationary Period	Medical

II. Assigned to Non-Officer Status (non-active duty) due to departmental suspension:

Administrative investigation or charge Criminal investigation or charge Disciplinary suspension

III. Assigned to Non-Officer Status (non-active duty):

Military Medical Reassigned to non-mandated/non-sworn duty (temporary)

IV. Active Status

Returned from non-officer status or departmental suspension

V. Promotion to Rank: _____

No change in supervisory/administrative duties	
To first line supervisor (first line supervisor training required)	Over the rank of first line supervisor
To first line administrator (first line admin. training required)	Over the rank of first line administrator

VI. Demoted to Rank: _____ (if first line supervisor or below).

VII. Name Change to: _____ Last Name MI First Name

VIII. Transfers (only agencies approved for transfers): To Agency: _____

NOTE: Information submitted to MPCTC is subject to the Public Information Act (State Gov't Art. §10-611 et seq.), and is not bound by agreements made by law enforcement units, mandated personnel, or others about the confidentiality of this information.

I hereby affirm that the information provided on this Notice of Personnel Action form is true and accurate to the best of my knowledge and contains no willful misrepresentation or falsification. I am aware that any misrepresentation or falsification of this information may subject me to prosecution pursuant to Md. Code Ann., Crim. Law §8-606.

Print or Type Name

Signature

Date