



# Maryland Police & Correctional Training Commissions

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## NOTICE OF PERSONNEL ACTION FORM

Please Type or Print clearly

<b>Applicants Last Name:</b>		<b>MI:</b>		<b>First Name:</b>	
<b>Certification Number:</b>				<b>Date of Action:</b>	
<b>Agency Name:</b>				<b>Agency Code:</b>	
<b>Contacts Email:</b>				<b>Position/Rank:</b>	

### 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Withdrawn/Incomplete Academy	Felony or misdemeanor conviction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