



South Carolina Criminal Justice Academy  
Certification-Compliance



PERSONNEL CHANGE IN STATUS REPORT  
NOTIFICATION OF ADMINISTRATIVE/ROUTINE SEPARATION

Reporting Department \_\_\_\_\_

Phone # \_\_\_\_\_

Today's Date \_\_\_\_\_

Officer's Name \_\_\_\_\_

Academy I.D. # \_\_\_\_\_

Officer's Current Home Address \_\_\_\_\_

City/Town \_\_\_\_\_

Zip Code \_\_\_\_\_



**CHECK ONE:**

☐ E-911 (TCO)

☐ Reserve Officer

☐ Coroner

☐ Deputy Coroner

☐ Class 1 LE

☐ Class 2LCO (Jailer)

☐ Class 1LECO (LEO/Jailer)

☐ Class 3SLE (Limited Duty)

**(For all separations NOT involving misconduct as defined in S.C. Reg. 37-025)**

**PLEASE ATTACH MRN (MANDATORY RETRAINING NOTIFICATION) FORM  
INDICATING IN-SERVICE TRAINING RECEIVED SINCE LAST RENEWAL**

**(Please check appropriate reason(s) for separation)**

**Date of Separation:** \_\_\_\_\_ **(specify mo/day/yr)**

\_\_\_\_\_ Resigned

\_\_\_\_\_ Retired

\_\_\_\_\_ Deceased

\_\_\_\_\_ Accepted employment with another Law Enforcement Agency

\_\_\_\_\_ Medical Leave

\_\_\_\_\_ Military Leave

\_\_\_\_\_ Failure to successfully complete basic training

\_\_\_\_\_ Failure to successfully complete in-service training

\_\_\_\_\_ Transfer from \_\_\_\_\_ law enforcement classification to \_\_\_\_\_ law enforcement classification

\_\_\_\_\_ Termination for violation of AGENCY policy **NOT** involving misconduct as defined in S.C. Reg. 37-025 (i.e., substandard performance, excessive absenteeism, sleeping on duty, etc)

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

I hereby attest that the reason for separation of this officer does **NOT** involve misconduct or otherwise disqualify eligibility for certification as defined in S.C. Reg. 37-025.

EMPLOYING AGENCY HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

OFFICIAL TITLE: \_\_\_\_\_

CJA USE: MRN: \_\_\_\_\_ CODE: \_\_\_\_\_ ID: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised 06/06/2016