

**STATE OF ALABAMA**  
**PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION**  
**LAW ENFORCEMENT OFFICER TERMINATION FORM**

(ALL AGENCIES ARE REQUIRED BY RULE 650-X-1-.16 (6) TO REPORT ALL TERMINATIONS OF LAW ENFORCEMENT OFFICERS WITHIN 10 DAYS.)

DEPARTMENT: \_\_\_\_\_

AGENCY HEAD: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE : \_\_\_\_\_

OFFICER'S NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ EMPLOYMENT DATE: \_\_\_\_\_

(PLEASE FILL OUT THE APPROPRIATE BLOCK)

I. RETIRED: \_\_\_ YES \_\_\_ NO IF YES, EFFECTIVE DATE: \_\_\_\_\_

II. DECEASED: \_\_\_ YES \_\_\_ NO IF YES, DATE: \_\_\_\_\_

III. RESIGNED: \_\_\_ YES \_\_\_ NO IF YES, EFFECTIVE DATE: \_\_\_\_\_

WAS THE RESIGNATION \_\_\_\_\_ VOLUNTARY \_\_\_\_\_ INVOLUNTARY

IF INVOLUNTARY, PLEASE EXPLAIN:

IV. FIRED: \_\_\_ YES \_\_\_ NO IF YES, EFFECTIVE DATE: \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

V. MEDICAL/DISABILITY: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, EFFECTIVE DATE: \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

SIGNED: \_\_\_\_\_  
CHIEF LAW ENFORCEMENT OFFICER

DATE: \_\_\_\_\_

RETURN TO APOSTC P. O. BOX 300075 MONTGOMERY, AL 36130-0075  
FAX 334-242-4633 EMAIL APOSTC@APOSTC.ALABAMA.GOV

POST-8 (REVISED 6/2026)