



## Maryland Police & Correctional Training Commissions

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### 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:	

#### I. Separation of Employment (check one):

☐ Resignation      ☐ Retirement      ☐ Termination      ☐ Deceased (Condition not required)

#### Condition of Separation (check one):

Other

<input type="checkbox"/> General (separated in good standing)	<input type="checkbox"/> Administrative investigation or charge
<input type="checkbox"/> Reclassified to non-mandated/non-sworn position	<input type="checkbox"/> Criminal investigation or charge
<input type="checkbox"/> Withdrawn/Incomplete Academy	<input type="checkbox"/> Felony or misdemeanor conviction
<input type="checkbox"/> Unsatisfactory during Probationary Period	<input type="checkbox"/> 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: \_\_\_\_\_

<input type="checkbox"/> No change in supervisory/administrative duties	
<input type="checkbox"/> To first line supervisor (first line supervisor training required)	<input type="checkbox"/> Over the rank of first line supervisor
<input type="checkbox"/> To first line administrator (first line admin. training required)	<input type="checkbox"/> 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: \_\_\_\_\_ Agency Code: \_\_\_\_\_

**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 solemnly affirm under penalties of perjury that the contents of this document are true to the best of my knowledge, information and belief. I am aware that any misrepresentation or falsification of this information is a basis for rejection or revocation of certification by the Commission and may subject me to separate administrative or legal action, including, but not limited to prosecution pursuant to MD. Code. Ann., Crim. Law §8-606 and/or §9-101. Check here to acknowledge this affirmation. **MANDATORY**

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact email

\_\_\_\_\_  
Phone number