

Maryland Police & Correctional

Training Commissions

6852	4 th Street, Sykesville,	MD 21784	• (410) 8 ⁻	75-3400 ·	Email: MPCTC	certifications.dpsc	s@maryland.gov
	NOTI	CE OF PE	ERSON	NEL AC	TION FORM	1	
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):							
			i crimina				(icquired)
Condition of Separation (check one):							
General (separated in good standing)							
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Withdrawn/Incomplete Academy Felony or misdemeanor conviction							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	5						
Returned from	n non-officer status or d	lepartmenta	l suspens	sion			
V. Promotion to	Rank:						
No change in s	supervisory/administrat	ive duties					
To first line supervisor (first line supervisor training required)							
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 Char	nge to:						
	Ι	Last Name			MI	First Name	
VIII. Transfers	(only agencies approved	for transfers)): To Ag	ency:		<i>I</i>	Agency Code:
NOTE: Information submitted enforcement units, mandated p					Art. §10-611 et seq.)), and is not bound by	agreements made by law
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	5	Signature				Date	
Contact email	F	Phone numbe	r				