

State of New York Division of Criminal Justice Services  
**NOTIFICATION OF TERMINATION / RESIGNATION FROM TRAINING**  
(9 NYCRR 6020.5(c) , 9 NYCRR 6021.5(d))

THIS FORM IS USED TO ADVISE THE NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES OF THE TERMINATION OR RESIGNATION OF A RECRUIT FROM POLICE BASIC TRAINING OR A FIRST-LINE SUPERVISOR FROM THE COURSE IN POLICE SUPERVISION. FORMS PRESENTED FOR FILING MUST CONTAIN PHYSICAL OR ELECTRONIC SIGNATURES.

**SECTION - TRAINING COURSE** (Check appropriate box)

<input type="checkbox"/> Basic Course for Police Officers	<input type="checkbox"/> Specialized Investigator Police Training Course	<input type="checkbox"/> Course in Police Supervision
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**SECTION II - RECRUIT INFORMATION** (To be completed by the course director)

Last Name	First Name	MI
Last 4 Digits of Social Security Number*	Date of Birth	Gender
Employer		

\*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

**SECTION III - TRAINING PROVIDER** (To be completed by the course director)

Name of Training Academy	Telephone	
Address	City, State, ZIP	
Course Director Name	Dates of Training to	
Course Director Signature	Date	Termination/Resignation Date

**SECTION IV - REASON FOR TERMINATION / RESIGNATION** (Brief narrative description of factors surrounding removal)

If you require additional space, attach an additional sheet and follow the same format. Supporting documentation may be attached.

**Submission Instructions**

Completed forms should be e-mailed to:

[ops.coursecompletion@dcjs.ny.gov](mailto:ops.coursecompletion@dcjs.ny.gov)

**DCJS USE ONLY**

Date Received:	Reviewed By:	Data Entry Date:
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