



Department of Public Safety and Correctional Services

Police and Correctional Training Commissions
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STATE OF MARYLAND

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NOTICE OF PERSONNEL ACTION DEPARTMENT OF JUVENILE SERVICES EMPLOYEES

Indicate all statements which describe the personnel action taken. DO NOT WRITE ADDITIONAL NOTES ON FORM. The Certification Card must be returned to the Commission when an officer separates employment. Attach card to this form. (COMAR 12.10.01.02C)

Last Name _____ First Name _____ MI _____
Certification Number _____ Agency Name _____ Agency Number _____
Date of Action _____ Position Title _____

I. Separation of Employment

Type of separation: Resignation Retirement Involuntary Termination

Condition of Separation: (check one)

- General (separated in good standing).
- Related to administrative or criminal investigation or charge.
- Felony or misdemeanor conviction.
- Reclassified to civilian position with department.
- Deceased.

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-sworn duty.

IV. Returned from non-officer status or departmental suspension.

V. Promotion:

- A. To first line supervisor (first line supervisor training required).
- B. Over the rank of first line supervisor.
- C. To first line administrator (first line administrator training required).

VI. Demoted (if rank/position changed to first line supervisor or below).

VII. Name Change to _____

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, officer, or others about the confidentiality of this information. (COMAR 12.04.01.02C(5)).

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)

(Signature)

Date

INSTRUCTIONS FOR COMPLETION NOTICE OF PERSONNEL ACTION FORM

Certification Number: Six-digit number assigned by PTC. If unknown, social security number may be entered.

Date of Action: The effective date of the personnel action, even it is in advance of submission of this form.

Rank: This should reflect the rank of the individual as of the Date of Action.

- I. Separation of Employment:** Resignation, Retirement, Involuntary Termination:
General: without prejudice. Mark this when the sworn member is not under criminal or administrative investigation or where no criminal or administrative charge has been filed. Generally, these individuals would be eligible for re-employment with your agency.
Related to administrative or criminal investigation or charge: Mark this when the sworn member is under an open or on-going administrative or criminal investigation or charge at time of separation. Notification under this section must be completed regardless of any plea negotiation or proceedings.
Felony or misdemeanor conviction: Mark this when the sworn member is convicted of a felony or misdemeanor.
Reclassified to civilian position: Mark this when the sworn member has resigned or retired and accepts a non-sworn position with the department.
- II. Assigned to Non-Officer status due to departmental suspension:** Mark category related to department suspension.
- III. Assigned to Non-Officer status or departmental suspension:** Mark appropriate category.
- IV. Returned from Non-Officer status or departmental suspension:** Indicate when sworn member returns to active duty status.
- V. Promotion:** Mark rank level and indicate Date of Action and Rank. First-line supervisor and first-line administrator training required.
- VI. Demoted:** Indicate if demoted to rank of first-line supervisor or below. Demotion to first-line supervisor or below will require sworn member to complete annual in-service training.
- VII. Name Change:** Indicate NEW name on line provided.