

AFFIDAVIT OF SEPARATION

POST 2-357 (03/2022)

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INFORMATION PRIVACY ACT: Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information. Failure to provide any part of the requested information may delay processing of this application or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above. Contact the POST Administrative Services Bureau for instructions on requesting records.

INSTRUCTIONS

- Complete Section 1—Identification, Section 2—(POST Reg 1003), Section 3—Notice to Officer and Section 4—Attestation.
- Please type or legibly print (in ink) all required information. Use the TAB key (or Shift-tab) to navigate between boxes.
- Upload a printout of this Notice to the above address within 10 days of separation.

SECTION 1: IDENTIFICATION

1. POST ID NUMBER (OR SSN)	2. NAME (Last, First, Middle)	3. BIRTHDATE (MM/DD/YYYY)
4. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	5. ALSO KNOWN AS (Last, First, Middle)	FOR POST USE ONLY
6. ADDRESS		
7. RACE/ETHNICITY (Check box that best describes race/ethnicity — See INSTRUCTIONS for Definitions) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		
8. RANK / CLASSIFICATION (Select and enter the POST Code from the list — See INSTRUCTIONS for Rank/Class)		9. AGENCY NAME

SECTION 2: TERMINATION / SEPARATION

10. DATE OF FINAL SEPARATION (MM/DD/YYYY)	11. REASON FOR SEPARATION <input type="checkbox"/> Retired <input type="checkbox"/> Resigned <input type="checkbox"/> Deceased <input type="checkbox"/> Involuntary Separation <input type="checkbox"/> Resigned/Retired Pending Complaint, Administrative Charge, or Investigation for misconduct
12. RESOLUTION OR SETTLEMENT Was the reason for separation part of a resolution or settlement for misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check the appropriate box: <input type="checkbox"/> Criminal Charge or Investigation <input type="checkbox"/> Civil Charge or Investigation <input type="checkbox"/> Administrative Charge or Investigation	13. REASON FOR SEPARATION DUE TO MISCONDUCT PER COMMISSION REGULATION 1205 Indicate Reason(s) For Discharge Related to Misconduct (Choose all that apply) <input type="checkbox"/> Dishonesty <input type="checkbox"/> Abuse of Power <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Demonstrating Bias <input type="checkbox"/> Egregious Repeated Acts <input type="checkbox"/> Law Enforcement Gang <input type="checkbox"/> Failure to Cooperate with Investigation <input type="checkbox"/> Failure to Intercede <input type="checkbox"/> Other _____

SECTION 3: NOTICE TO SEPARATING OFFICER

14. NOTICE TO OFFICER The peace officer has been advised of their right to respond in writing to this Affidavit of Separation to the commission if the facts and reasons as they understand them are different than those provided by the agency. Name of the person providing notice _____ Was the peace officer provided a copy of this completed form? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what manner was the form provided to the peace officer? <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Other (Specify) _____

SECTION 4: ATTESTATION

15. ATTESTATION OF REPORTING OFFICIAL I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this affidavit (declaration) was executed on the date listed below. Print Full Name: _____ Title: _____ Contact Number () _____ Signature ► _____ Date: _____

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INSTRUCTIONS – [Back to Form](#)**SECTION 5: RACE / ETHNICITY**

Use these definitions to assist you in selecting the category that best describes the appointee's race/ethnicity.

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, and Vietnam.

Black or African American

A person having origins in any of the black racial groups of Africa.

Filipino

A person having origins in any of the original peoples of the Philippine Islands.

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

SECTION 6: RANK/CLASSIFICATION

Use this list to select the POST code for the appointee's rank/classification. This code will appear on the appointee's Peace Officer Profile (P101) in the Rank column under the Employment section.

Rank/Classification	POST Code	Rank/Classification	POST Code	Rank/Classification	POST Code
Acting Chief	ACTC	Dispatcher (I, II, III).....	DIS	Ranger.....	RANG
Administrator	ADM	Dispatcher Manager	DISM	Ranger Manager	RNGM
Agent.....	AGNT	Dispatcher Supervisor	DISS	Ranger Supervisor	RNGS
Assistant Chief	ACHF	District Attorney	DA	Records Supervisor.....	RECS
Assistant Commissioner.....	ACOM	Division Chief	DVC	Records Supervisor/Dispatcher....	RS/D
Assistant Marshal	AMAR	Inspector.....	INS	(Full-time Records Supervisor AND	
Assistant Sheriff	ASH	Investigator (I, II, III)	INV	full-time Dispatcher)	
Bureau Chief	BURC	Investigator Manager.....	INVM	Reserve Level I	RI
Captain	CAPT	Investigator Supervisor.....	INVS	(Peace officer authority for duration of	
Chief	CHF	Investigator, Welfare Fraud	WINV	assignment only)	
Chief Deputy.....	CDEP	Investigator Manager, Welfare		Reserve Level I (24 hours)	RI24
Chief Investigator	CHFI	Fraud	WINM	(Peace officer authority 24 hours a day)	
Commander.....	CMDR	Investigator Supervisor, Welfare		Reserve Level II	RII
Commissioner	COM	Fraud	WINS	Reserve Level III	RIII
Coroner	COR	Jail Assistant Sheriff	JASH	Sergeant.....	SGT
Corporal.....	CPL	Jail Commander	JCMR	Sergeant-at-Arms	SGTA
Deputy (I, II, III).....	DPY	Jail Captain.....	JCAP	Sergeant-at-Arms Chief.....	SGTC
Deputy Chief.....	DCHF	Jail Deputy.....	JDEP	Sheriff	SH
Deputy Commissioner	DCOM	Jail Lieutenant	JLT	Sheriff/Coroner	SHC
Deputy Coroner	DCOR	Jail Senior Deputy	JSDP	Special Agent	SA
Deputy Coroner Supervisor.....	DCRS	Jail Sergeant	JSGT	Supervisor	SUP
Deputy Coroner Manager.....	DCRM	Lieutenant.....	LT	Supreme Court Bailiff	SCB
Deputy Marshal (I, II, III).....	DMA	Manager	MGR	Trainee	TRN
Detective (I, II, III).....	DET	Marshal.....	MAR	Undersheriff.....	US
Director.....	DIR	Police Officer (I, II, III).....	PO	Warden.....	WARD