



Florida Department of Law Enforcement

AFFIDAVIT OF SEPARATION
Incorporated by Reference in Rules
11B-20.001(3)(a)5.a., and 11B-27.002(3)(a)15., F.A.C.



CJSTC
61

1. Last Four Digits of Social Security Number:
2. Name: Last First MI
3. Agency Name:
4. Agency ORI: FL
5. Date Employed: 6. Separation Date:
Employment Class
Law Enforcement
Correctional
Correctional Probation
Concurrent
Special Elected or Appointed
Instructor
Employment Type
Full time
Part time
Auxiliary

7. Separation Reasons

7A. ADMINISTRATIVE - ROUTINE
7B. ADMINISTRATIVE - NON-ROUTINE
7C. ADMINISTRATIVE - SUBSTANDARD PERFORMANCE
7D. OTHER - EXAMPLE
7E. UNFAVORABLE - MISCONDUCT
7F. Pursuant to Section 943.1395(5), F.S., an employing agency must conduct an internal investigation when having cause to suspect that an officer or instructor it employs or employed at the time of the alleged violation, or employed on a Temporary Employment Authorization is not in compliance with Section 943.13(4) or (7), F.S., or Rule 11B-27.0011, F.A.C.

NOTICE: Section 943.139(2), F.S., requires the execution of an Affidavit of Separation by the employing agency in a case of officer separation. WARNING: Intentional false execution of this Affidavit of Separation constitutes a misdemeanor of the second degree.

8. Agency Administrator or Designee's Signature
9. Agency Administrator or Designee's Printed Name
10. Date
11. Agency Administrator or Designee's Title

12. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this day of, year

By Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public Personally Known OR Produced Identification

Type of Identification Produced

INSTRUCTIONS FOR COMPLETING FORM CJSTC-61

USE THIS FORM TO SEPARATE AN OFFICER FROM AN AGENCY

HOW TO COMPLETE EACH ITEM

USE THIS FORM WHEN:

1. An officer or instructor separates from an agency when he or she voluntarily separates, retires, or dies.
2. An officer transfers within the agency.
3. Budgetary constraints (local or federal grants not renewed) are experienced by an agency.
4. An officer has an extended leave of absence or suspension.
5. An agency terminates an officer for administrative reasons.
6. An officer fails to complete a basic recruit training program.
7. An officer fails to pass the State Officer Certification Examination.
8. An officer fails to satisfactorily complete the agency's field training program.
9. An officer or instructor fails to perform assigned tasks satisfactorily.
10. An officer or instructor has excessive absenteeism, fails to report for duty, etc.
11. An officer or instructor voluntarily separates, retires, or is terminated while being investigated for a violation of agency policy.

The Internal Investigation Report, form CJSTC-78, shall accompany form CJSTC-61 if any of the following reasons for separation of employment or appointment are applicable to the officer or instructor:

1. An officer or instructor voluntarily separates or retires while being investigated for a violation of Section 943.13(4), F.S., or for a violation of moral character standards as defined by Rule 11B-27.0011, F.A.C.
2. An officer or instructor is terminated for a violation of Section 943.13 (4), F.S., or for a violation of moral character standards as defined by Rule 11B-27.0011, F.A.C.
3. An officer or instructor voluntarily separates or retires in lieu of termination for a violation of Section 943.13(4), F.S., or for violation of moral character standards as defined in Rule 11B-27.0011, F.A.C.

NOTE: The Special Elected or Appointed box should only be checked if an individual is an elected or appointed official affiliated with an agency to maintain his or her continuing education requirement. Please indicate the individual's position and anticipated term of office.

1. **Social Security Number.** Enter the last four digits of the officer's social security number as in this example: 000-00-1234.
2. **Name.** Enter the officer's legal last and first name. Enter the officer's middle initial if applicable.
3. **Agency Name.** Enter the agency's name.
4. **Agency ORI:** Enter the last seven digits of the agency's originating identifier number as in this example: FL0370000.
5. **Date Employed.** Enter the officer's employment date as a sworn officer as in this example: (MM/DD/YYYY).
6. **Date Separated.** Enter the last date the officer was employed as in this example: (MM/DD/YYYY).

The agency administrator or designee shall complete the remainder of this affidavit in the presence of a notary public.

7. **Separation Reasons.** Place a check mark in the applicable box(es):
 - 7a. Administrative-Routine
 - 7b. Administrative – No Routine
 - 7c. Administrative - -Substandard Performance
 - 7d. Other Example(s)
 - 7e. Unfavorable Misconduct. **NOTE:** The agency administrator or designee shall provide proof of the internal or criminal investigation upon request by Commission staff.
8. **Administrator or Designee's Signature.** The agency administrator or designee shall sign his or her name.
9. **Agency Administrator or Designee's Name.** The agency administrator or designee shall print his or her name.
10. **Date Signed.** The agency administrator or designee shall enter the date the affidavit is signed.
11. **Agency Administrator or Designee's Title.** The agency administrator or designee shall print his or her title.
12. **Completion of Affidavit Section.** The notary public shall complete all blank lines in the Affidavit Section.

AGENCY REQUIREMENTS

- If the agency is entering the information on-line through the Commission's Automated Management Training System (ATMS), please print this form and maintain the original on file at the agency.
- If the agency is not entering the information on-line into ATMS, maintain the original form on file at the agency and submit a completed copy of the form with the required documentation attached and a letter requesting FDLE to enter the data into ATMS. Submit the copies to: **Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489. Attention: Records Section. Fax Number 850-410-8605.**