

**FDLE**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: <u>8025</u>	<b>Employment Class</b> <input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation <input type="checkbox"/> Concurrent <input type="checkbox"/> Special Elected or Appointed <input type="checkbox"/> Instructor <b>Employment Type</b> <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary
2. Name: <u>Carter</u> <u>Joseph</u> <u>I</u> Last First MI	
3. Agency Name: <u>Brevard County Sheriff's Office</u>	
4. Agency ORI: <u>FL0050000</u>	
5. Date employed: <u>12/16/2014</u> 6. Separation Date: <u>1/6/2017</u>	

**7. Separation Reasons**

<b>7A. ADMINISTRATIVE - ROUTINE</b> <input type="checkbox"/> Voluntary separation not involving misconduct <input type="checkbox"/> Transfer within agency. No break in service <input type="checkbox"/> Retired. Not involving misconduct <input type="checkbox"/> Deceased <input type="checkbox"/> Budgetary Constraints. Local and Federal grants not renewed. <input type="checkbox"/> Extended leave of absence Type: _____ Periods of Time: _____ <input type="checkbox"/> Military leave of absence Periods of Time: _____ <input type="checkbox"/> Suspension Periods of Time: _____ <input type="checkbox"/> Administrative separation not involving misconduct <input type="checkbox"/> Special elected or appointed Position: _____ Anticipated term: _____ <input type="checkbox"/> Instructor request for change of affiliation <b>7B. ADMINISTRATIVE - NON-ROUTINE</b> <input type="checkbox"/> Failure to complete basic recruit training <input type="checkbox"/> Failure to pass the State Officer Certification Examination	<b>7C. ADMINISTRATIVE - SUBSTANDARD PERFORMANCE</b> <input type="checkbox"/> Failure to satisfactorily complete agency field training program (training performance issues) <input type="checkbox"/> Failure to perform assigned tasks satisfactorily <b>7D. OTHER - EXAMPLE</b> <input type="checkbox"/> Excessive absenteeism; failure to report for duty and sleeping on duty, and etc. <b>7E. UNFAVORABLE - MISCONDUCT</b> <input type="checkbox"/> Voluntary separation or retirement while being investigated for violation of agency or training school policy not involving a moral character violation defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Voluntary separation or retirement in lieu of termination for violation of agency or training school policy not involving a moral character violation defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Terminated for violation of agency or training school policy (Not involving a moral character violation defined in Rule 11B-27.0011, F.A.C.) <b>NOTE: The agency administrator or designee shall provide written documentation of the internal or criminal investigation upon request by Commission staff.</b>	<b>7F. Form CJSTC-61A must be completed and submitted with form CJSTC-61 for any of the following:</b> <input type="checkbox"/> Voluntary separation or retirement while being investigated for violation of Section 943.13(4), F.S., or violation of moral character standards defined in Rule 11B-27.0011, F.A.C. <input checked="" type="checkbox"/> Voluntary separation or retirement in lieu of termination for violation of Section 943.13(4), F.S., or violation of moral character standards defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Terminated for violation of Section 943.13(4), F.S., or violation of moral character standards as defined by Rule 11B-27.0011, F.A.C. <b>NOTE: The agency administrator or designee shall provide written documentation of the internal or criminal investigation upon request by Commission staff.</b>
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**NOTICE:** Section 943.13(2), F.S., requires the execution of an Affidavit of Separation by the employing agency in a case of officer separation. If the officer is separated, whether voluntary or involuntarily, for failure to comply with provisions of Section 943.13, F.S., the agency is required to so specify when completing the Affidavit of Separation Supplement form CJSTC-61A. **WARNING:** Intentional false execution of this Affidavit of Separation constitutes a misdemeanor of the second degree.

8. Agency Administrator or Designee's Signature: Lisa Gillis  
 9. Agency Administrator or Designee's Printed Name: Lisa Gillis, HR Manager  
Brevard Co. Sheriff's Office  
2005 Park Ave.  
Titusville, FL 32780  
(321) 264-5212  
 10. Date: 3/15/17  
 11. Agency Administrator or Designee's Title: \_\_\_\_\_

**12. OATH**

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

STATE OF FLORIDA, COUNTY OF Brevard  
 Sworn to (or affirmed) and subscribed before me this 15th day of March, year 2017  
 By Lisa Gillis

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned name of Notary Public

Type of Identification Produced: May 17, 2019

No. FF 231418

Created 1/1/1992

Original: FDLE

Copy - Agency

Personally Known ☐ OR Produced Identification ☐Commission Approved Revisions 11/5/15  
Form Effective Date 9/2016

**AFFIDAVIT OF SEPARATION  
SUPPLEMENT**Incorporated by Reference in Rules  
11B-20.001(3)(a)5.b., and 11B-27.002(3)(a)15., F.A.C.**CJSTC  
61A**

Form CJSTC-61A must be completed and submitted with form CJSTC-61 for any of the following:

- Voluntary separation or retirement while being investigated for violation of Section 943.13(4), F.S., or violation of moral character standards defined in Rule 11B-27.0011, F.A.C.
- Voluntary separation or retirement in lieu of termination for violation of Section 943.13(4), F.S., or violation of moral character standards as defined in Rule 11B-27.0011, F.A.C.
- Terminated for violation of Section 943.13(4), F.S., or violation of moral character standards as defined in Rule 11B-27.0011, F.A.C.

1. Officer or Instructor's Name: Carter, Joseph T

2. Officer or Instructor's Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

3. Officer or Instructor's Telephone Number: [REDACTED]  
Area Code and Telephone Number

4. Agency or training school contact person (For more information): Agent Kraig Hupfer

5. Contact Telephone Number: 321-264-5216  
Area Code and Telephone Number

6. Detailed Description of Misconduct: Do not use generic terminology in this section such as conduct unbecoming, failed to meet agency standards, violation of agency operating procedures, etc. Detailed information describing the act of misconduct is needed for efficient processing.

On multiple occasions the employee provided false information to his supervisors so that he could utilize sick leave for personal purposes such as attending a church fair or going to Jacksonville to purchase a motorcycle. Violations of agency policies: General Professional Responsibilities, Sick Leave Abuse and Truthfulness.

7. Criminal Charges Filed: Yes ☐ No ☒

CHARGE(S): \_\_\_\_\_  
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