

AH #36448

# AFFIDAVIT OF SEPARATION

**FDLE**  
Florida Department of  
Law Enforcement

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



**CJSTC**  
61

- 1. Social Security Number: [REDACTED]
- 2. Name: **Ward, Gary L**
- 3. Agency name: **Holly Hill Police Department**
- 4. Agency ORI: F [REDACTED]
- 5. Date employed: **6/7/2013**
- 6. Separation Date: **10/10/2013**
- 7. Separation Reasons

Employment Class & Type  
Full-Time Law Enforcement

<p><b>7A. ADMINISTRATIVE - ROUTINE</b></p> <p><input type="checkbox"/> Voluntary separation not involving misconduct</p> <p><input type="checkbox"/> Transfer within agency. No break in service</p> <p><input type="checkbox"/> Retired. Not involving misconduct</p> <p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> Budgetary Constraints. Local and Federal grants not renewed.</p> <p><input type="checkbox"/> Extended leave of absence Type: _____ Periods of Time: _____</p> <p><input type="checkbox"/> Military leave of absence Periods of Time: _____</p> <p><input type="checkbox"/> Suspension Periods of Time: _____</p> <p><input type="checkbox"/> Administrative termination not involving misconduct.</p> <p><input type="checkbox"/> Special elected or appointed Position: _____ Anticipated term: _____</p> <p><input type="checkbox"/> Instructor request for change of affiliation</p>	<p><b>7B. ADMINISTRATIVE - NON-ROUTINE</b></p> <p><input type="checkbox"/> Failure to complete basic recruit training</p> <p><input type="checkbox"/> Failure to pass the State Officer Certification Examination</p> <p><b>7C. ADMINISTRATIVE - SUBSTANDARD PERFORMANCE</b></p> <p><input type="checkbox"/> Failure to satisfactorily complete agency field training program (training performance issues)</p> <p><input type="checkbox"/> Failure to perform assigned tasks satisfactorily</p> <p><b>7D. OTHER - EXAMPLE</b></p> <p><input type="checkbox"/> Excessive absenteeism; failure to report for duty and sleeping on duty, and etc.</p> <p style="text-align: center;"><b>RECEIVED</b> <b>OCT 18 2013</b> <b>CRIMINAL JUSTICE</b> <b>PROFESSIONALISM</b> <b>PROFESSIONAL COMPLIANCE</b> <b>SECTION</b></p>	<p><b>7E. UNFAVORABLE - MISCONDUCT</b></p> <p><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.</p> <p><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.</p> <p><input checked="" 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.)</p> <hr/> <p><b>7F. Form CJSTC-61A must be completed and submitted with form CJSTC-61 for any of the following:</b></p> <p><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.</p> <p><input 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.</p> <p><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.</p>
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**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. If the officer is separated, whether voluntarily 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: *MARK D. BARKER*

9. Agency Administrator or Designee's Printed Name: MARK D. BARKER

10. Date signed: 10-11-13

11. Agency Administrator or Designee's Title: CHIEF OF POLICE

## AFFIDAVIT

12. STATE OF FLORIDA, COUNTY OF Volusia The foregoing instrument was acknowledged before me this date

by MARK D. BARKER who is personally known

produced identification. Type of identification: \_\_\_\_\_

*Patricia E. Zuegg*

Print, type, or stamp Commissioned Name \_\_\_\_\_

