

FDLE

Florida Department of
Law Enforcement

AFFIDAVIT OF SEPARATION

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: Sawicki, Michael J
- 3. Agency name: Volusia County Sheriff's Office
- 4. Agency ORI: FL0640000
- 5. Date employed: 5/4/2009
- 6. Separation Date: 8/30/2012
- 7. Separation Reasons

Employment Class & Type
Full-Time Law Enforcement

<p>7A. ADMINISTRATIVE - ROUTINE</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>7B. ADMINISTRATIVE - NON-ROUTINE</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>7C. ADMINISTRATIVE - SUBSTANDARD PERFORMANCE</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>7D. OTHER - EXAMPLE</p> <p><input type="checkbox"/> Excessive absenteeism; failure to report for duty and sleeping on duty, and etc.</p>	<p>7E. UNFAVORABLE - MISCONDUCT</p> <p><input checked="" 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 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> <p>*****</p> <p>7F. Form CJSTC-61A must be completed and submitted with form CJSTC-61 for any of the following:</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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Should have BEEN this?

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 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: *[Signature]* 9. Agency Administrator or Designee's Printed Name: *Haura Bounds* 10. Date signed: *9/4/12*

11. Agency Administrator or Designee's Title: *VCSO Admin Services Dir.*

AFFIDAVIT

12. STATE OF FLORIDA, COUNTY OF _____ The foregoing instrument was acknowledged before me this date _____ by _____ who is personally known _____ or who has produced identification. Type of identification: _____