Date of Report:				
Agency Administrator:				
Agency:				
Address:				
The below named individual was previously employed with my agency.				
Name:				
Rank:				
Home Address:				
Date Employment Ended:				
The named individual is no longer employed by the agency due to one of the following reasons (check one):				
	Termination from empl	loyment by the agency for misconduct (based on NRS 81-1414.15)		
	Resigned in lieu of terr	mination for misconduct (based on NRS 81-1414.15)		
	Retired in lieu of termin	nation for misconduct (based on NRS 81-1414.15)		
The misconduct involved one or more of the following grounds of NRS 81-1403 (6) (mark all that apply):				
Misdemeanor Crime of Domestic Violence		Felony violation of state or federal law		

Violation of oath of office, code of ethics or other statutory duties Misdemeanor violation of state or federal law having a rational

connection to the individual's fitness or capacity to serve as a law

Summary of the allegations is as follows (provide a typed summary below)

Serious Misconduct

per 81-1401

enforcement officer

Administrator Signature and Title	Date	
Telephone:		
Address:		
Name:		
Telephone:		
Address:		
Name:		
Witness(es) to the Allegation(s)		
Witness(as) to the Allegation(s)		

Submission: Send a signed version via either

mark.stephenson@nebraska.gov Email:

U.S. Director, Nebraska Law Enforcement Training Center Mail: P.O. Box 2700

Grand Island, NE 68802