

Separation of Employment: *continued*

Dismissal

- Grounds based on NRS 81-1456 (must report to Crime Commission within 30 days)
- Unable to meet agency standards
- Internal discipline reasons (Other than NRS 81-1456)

Certification required for Return to Active Status: *(To be completed if the employee is a Nebraska Certified officer who has been on inactive status for over 30 days and less than 10 years.)*

I certify the employee named on this report has shot and passed the State Handgun Qualification Course in compliance with Rule and Regulation, Title 79, Chapter 11 and that the employee has a valid CPR/First Aid certification.

Signature of Sheriff, Chief, or Hiring Authority

Date

Other State/Federal Law Enforcement Employment:

Agency/State	Position	Dates of Employment	Certificate or License
_____	_____	_____	_____ Yes _____ No
_____	_____	_____	_____ Yes _____ No
_____	_____	_____	_____ Yes _____ No

Certification:

I, the undersigned, hereby certify that the above and foregoing information contained in this form is accurate, true and correct.

Signature of Sheriff, Chief, or Hiring Authority

Date