



# NOTIFICATION OF TERMINATED EMPLOYEE



Effective Date  
1-2019

**NOTICE:** Information contained on this form is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

THIS IS AN OFFICIAL NOTICE TO THE DEPARTMENT OF THE ARKANSAS STATE POLICE THAT THE FOLLOWING INDIVIDUAL IS NO LONGER EMPLOYED WITH THIS COMPANY:

NAME OF EMPLOYEE \_\_\_\_\_  
Last First MI

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ CREDENTIAL # \_\_\_\_\_

REASON FOR TERMINATION \_\_\_\_\_  
\_\_\_\_\_

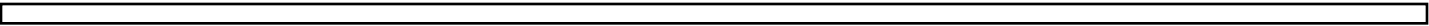
DATE OF TERMINATION \_\_\_\_\_

WAS THE EMPLOYEE'S POCKET CARD RETURNED TO THE MANAGER?  YES  NO

NAME OF COMPANY \_\_\_\_\_ CMPY # \_\_\_\_\_

OWNER/MANAGER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTICE:** Within seven (7) days after the licensee has received the identification card of a credentialed employee who has terminated his or her position, the licensee shall mail or deliver the credential photo identification card to the director for cancellation.



## VOLUNTARY SURRENDER ACCORDING TO RULE 4.3 (IF APPLICABLE)

This is to serve as written notification to the Department of the Arkansas State Police that I am voluntarily surrendering my:

License (# \_\_\_\_\_)  Credential (# \_\_\_\_\_)  Commission (# \_\_\_\_\_)

SIGNATURE OF INDIVIDUAL SURRENDERING \_\_\_\_\_ DATE \_\_\_\_\_