



# Personnel Action-SEPARATION

# F4s

Send to DPSST within ten days of effective date of action [OAR 259-008-0020]

Email: [certification.scheduling@dpsst.oregon.gov](mailto:certification.scheduling@dpsst.oregon.gov); Mail: 4190 Aumsville HWY SE; Salem, OR 97317

Questions? Call DPSST at 503-378-2100 or email [certification.scheduling@dpsst.oregon.gov](mailto:certification.scheduling@dpsst.oregon.gov)

**i** See instructions on second page

Revised  
5/15/24

<b>Employee Information</b>	1. Amended Reason (if applicable):					
	2. Last Name	First Name	Middle Name	3. DOB	4. DPSST Number	
	5. Agency/Institution			6. Rank or Position		
<b>Separation</b>	7. Separation Date	8. Discipline(s) employee is being separated from:				
		Police	Regulatory Specialist	Telecommunications	Reserve Police Officer	
		Corrections	Parole & Probation	Emergency Medical Dispatch	DPSST/DOC Instructor <b>i</b>	
	9. Separation Reason (REQUIRED: Please explain, in detail, the reason for the separation.)					
	10. Additional Questions (Required to check yes or no)				<b>Yes</b>	<b>No</b>
	a. Was the separation the result of a settlement agreement? If yes, please answer the following question.					
i. Was this a Medical Settlement only?						
b. At time of separation, was there an active, pending or completed investigation conducted by your agency into allegations of <b>misconduct</b> involving the separated individual?						
c. At time of separation, was there an active, pending or completed investigation conducted by another public safety agency into allegations of <b>misconduct</b> involving the separated individual? (Other agencies may include but are not limited to: Other Police Agencies, Oregon Department of Justice, District Attorneys Office or the Oregon Ethics Commission)						
d. Were there any uninvestigated allegations of <b>misconduct</b> or other complaints made against the individual prior to the individual separating from your agency?						
<b>Contacts</b>	11. Provide any additional individuals who DPSST may contact regarding this form. Include only work email addresses. <b>i</b> Rank, Name, Email and Phone Number					
<b>Signature</b>	12. Form prepared by (optional) <b>i</b>					
	I attest that I am the Department Head or hold DPSST Certification and am authorized by the Department Head to sign below. I certify that the information entered on this form has been verified and is substantiated by records maintained by my agency. If certified by DPSST, I understand that falsification of this document makes my certification(s) subject to denial, suspension or revocation under ORS 181A.640 and OAR 259-008-0300. <b>i</b>					
	Signature _____		Date _____			
	Printed Name _____		Title _____	DPSST No. _____	Phone _____	
<b>DPSST USE</b>	<b>Compliance Review:</b>	Reviewer:		Date of Review:	<b>Form Data Entry Completed By/Date:</b>	
	FP Number		LEDS <input type="checkbox"/> Clear	OJIN E-Court <input type="checkbox"/> Clear		
	Copy forwarded to Professional Standards?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____			
	Code As:	<input type="checkbox"/> Deceased <input type="checkbox"/> Discharge	<input type="checkbox"/> Lay-off <input type="checkbox"/> Probationary Discharge	<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement		



# Personnel Action

## Instructions

# F4s

Instructions

7/29/24

OAR 259-008-0020 requires personnel action forms to be submitted within ten business days of a separation in order for DPSST to maintain accurate records. These instructions will assist you in accurately filling out the form. If you have any questions, call DPSST at 503-378-2100 or email [certification.scheduling@dpsst.oregon.gov](mailto:certification.scheduling@dpsst.oregon.gov) for assistance.

### Employee Information

- Box 1:** Amended F4s: Check this box and indicate the reason for the amendment.
- Boxes 2-4:** Employee Legal Name, Date of Birth and DPSST Number
- Boxes 5-6:** Employing Agency and rank or position of employee at time of separation.

### Separations

- Box 7:** Date individual was separated from the disciplines that are selected in Box 8.
- Box 8:** Select all disciplines that the employee is being separated from.
- Box 9:** Required Field: Separation Reason. Explain, in detail, why the employee was separated from employment with your agency.
- Box 10:** Separation Questions. Questions related to Professional Standards Review requirements. All boxes must be checked Yes or No in order to be processed by DPSST.

DPSST reviews all separations of employment. Non-voluntary and voluntary separations of employment that are related to the individual's conduct or discipline are subject to review as a violation of the Board's moral fitness standards found in OAR 259-008-0300.

- Box 10.a.:** Answer yes if there was a settlement agreement to end employment. Use Box 10.a.i to indicate if the settlement is a medical settlement agreement.
- Box 10.b.:** Answer yes if there are any open, pending or completed investigations for conduct or discipline concurrent to this separation.
- Box 10.c.:** Examples of investigations by other agencies may include but are not limited to criminal charges, DOJ Review of Use of Force, DA's Brady review.
- Box 10.d.:** Answer yes if there are complaints or allegations of misconduct against the individual that were received before their separation, but that have not been reviewed by the employing agency at the time of separation.

### Contacts

- Box 11:** Utilize this optional section to provide any additional individuals we should contact regarding this form.

### Signatures

- Box 12:** Optional field for agencies to indicate who filled out the form for their own record keeping purposes.

OAR requires the Department Head or a Certified Employee who is authorized by the Department Head to sign all Personnel Actions. Any forms not signed by a Department Head or Certified Authorized employee will be sent back to the agency for resubmission.