

CRIMINAL JUSTICE STANDARDS AND TRAINING COMMISSION AFFIDAVIT OF TERMINATION



1. NAME: L A N E Y (Last Name) M I C H A E L (First Name)

2. SSN: [Redacted]

3. DOB: 03 (Mo.) 12 (Day) 68 (Yr.)

4. RACE: [XX] 1=White [] 2=Black [] 3=Hispanic [] 4=Asian [] 5=American Indian/Eskimo

5. SEX: [XX] 1=Male [] 2=Female

6. EMPLOYMENT CODE: Law Enforcement [XX] 1=Full Time [] 2=Part Time [] 3=Auxiliary Concurrent [] 6=Full Time [] 7=Part Time Correctional [] 4=Full Time [] 5=Part Time [] 8=Correctional Probation [] 0=Railroad Security

7. DEPARTMENT NAME OVIEDO POLICE DEPT

8. DEPARTMENT ORI NO. FL05904010

9. RANK: 0-1

10. SEPARATION CODE: 17

11. EMPLOYMENT DATE: 06 (Mo.) - 18 (Day) - 89 (Yr.)

12. DATE OF SEPARATION: 02 (Mo.) - 23 (Day) - 90 (Yr.)

SEPARATION CODES

- 02=Voluntary Separation-Favorable Circumstances
08=Transfer Within Agency
10=Leave of Absence
15=Deceased
13=Not Certified-Did Not Complete Basic Recruit Training
17=Administrative Reasons-Unfavorable Circumstances
22=Undesirable Separation-Misconduct

PLEASE COMPLETE THIS SECTION IF SEPARATION IS CODED "17" or "22"

EMPLOYEE'S LAST KNOWN ADDRESS:

EMPLOYEE'S LAST KNOWN PHONE:

[Redacted address lines]

(Area code and number)

AGENCY REPRESENTATIVE TO CONTACT FOR FURTHER INFORMATION CHIEF DENNIS PETERSON
CONTACT PHONE NUMBER 407-365-5101

