

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. FLO 5 9 0 4 0 1 0

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:

(Area code and number)

AGENCY REPRESENTATIVE TO CONTACT FOR FURTHER INFORMATION CHIEF DENNIS PETERSON

CONTACT PHONE NUMBER 407-365-5101

