



Personnel Action-SEPARATION

F4s

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

Email: schedulecert@state.or.us; Fax: 503-378-4600; Mail: 4190 Aumsville HWY SE; Salem OR 97317Questions? Call DPSST at 503-378-2100 or email schedulecert@state.or.us

See instructions on second page

Revised
5/8/20

Employee Information	1. Amended Reason (if applicable):						
	2. Last Name	First Name	Middle Name	3. DOB	4. DPSST Number		
	5. Agency/Institution			6. Rank or Position			
Separation	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					
	9. Separation Reason (REQUIRED: Please explain, in detail, the reason for the separation.)						
	10. Additional Questions (Required to check yes or no)				Yes	No	
	a. Was the separation the result of a settlement agreement?						
	b. Was the separation the result of (even in part) an active or pending investigation being conducted by your agency or another public agency into allegations of misconduct involving the separated individual?						
Contacts	11. Provide any additional individuals who DPSST may contact regarding this form. Include only work email addresses. Rank, Name, Email and Phone Number						
	12. Form prepared by (optional)						
Signature	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.						
	Signature _____ Date _____ Printed Name _____ Title _____ DPSST No. _____ Email Address _____ Phone _____						
DPSST USE	Compliance Review:		Reviewer:		Date of Review:		Form Data Entry Completed By/Date:
	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

5/8/20

OAR 259-008-0020 requires personnel action forms 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 schedulecert@state.or.us 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 selected in Box 8.
Box 8: Select all disciplines that employee is being separated.
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. Boxes must be checked Yes or No in order to be processed by DPSST.
Box 10.c. This box is to be checked only if the answer to 10.b. is No. This question is being asked for record keeping purposes only to assist with future pre-employment background checks. An indication that there were uninvestigated allegations of misconduct or other complaints unrelated to an individual's separation will not result in a DPSST professional standards case being opened.

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 sent back to the agency for resubmission.