



Florida Department of
Law Enforcement

AFFIDAVIT OF SEPARATION

Incorporated by Reference in Rules
11B-20.001(3)(a)(5), a., and 11B-27.002(3)(a)15., F.A.C.



CJSTC
61

1. Social Security Number: _____		Employment Class <input checked="" type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation <input type="checkbox"/> Concurrent <input type="checkbox"/> Special Elected or Appointed <input type="checkbox"/> Instructor Employment Type <input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Auxiliary
2. Name: <u>Gittner</u> Last <u>Cara</u> First <u>L</u> MI <u>MI</u>		
3. Agency Name: <u>Volusia County Beach Patrol</u>		
4. Agency ORI: <u>FL0641700</u>		
5. Date Employed: <u>03/06/2009</u> 6. Separation Date: <u>01/06/2012</u>		

7. Separation Reasons

7A. ADMINISTRATIVE – ROUTINE <input checked="" type="checkbox"/> Voluntary separation not involving misconduct <input type="checkbox"/> Transfer within agency. No break in service <input type="checkbox"/> Retired. Not involving misconduct <input type="checkbox"/> Deceased <input type="checkbox"/> Budgetary constraints. Local and Federal grants not renewed. <input type="checkbox"/> Extended leave of absence Type: _____ Periods of Time: _____ <input type="checkbox"/> Military leave of absence Periods of Time: _____ <input type="checkbox"/> Suspension Periods of Time: _____ <input type="checkbox"/> Administrative termination not involving misconduct. <input type="checkbox"/> Special elected or appointed Position: _____ Anticipated term: _____ <input type="checkbox"/> Instructor request for change of affiliation	7B. ADMINISTRATIVE – NON-ROUTINE <input type="checkbox"/> Failure to complete basic recruit training. <input type="checkbox"/> Failure to pass the State Officer Certification Examination. 7C. ADMINISTRATIVE – SUBSTANDARD PERFORMANCE <input type="checkbox"/> Failure to satisfactorily complete the agency field training program (training performance issues). <input type="checkbox"/> Failure to perform assigned tasks satisfactorily. 7D. OTHER – EXAMPLE <input type="checkbox"/> Excessive absenteeism, failure to report for duty, sleeping on duty, and etc.	7E. UNFAVORABLE – MISCONDUCT <input type="checkbox"/> Voluntary separation or retirement while being investigated for violation of agency or training school policy not involving a moral character violation defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Voluntary separation or retirement in lieu of termination for violation of agency or training school policy not involving a moral character violation defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Terminated for violation of agency or training school policy not involving a moral character violation defined in Rule 11B-27.0011, F.A.C. 8F. Form CJSTC-61A must be completed and submitted with form CJSTC-61 for any of the following: <input type="checkbox"/> Voluntary separation or retirement while being investigated for violation of Section 943.13(4), F.S., or violation of moral character standards defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Voluntary separation or retirement in lieu of termination for violation of Section 943.13(4), F.S., or violation of moral character standards as defined in Rule 11B-27.0011, F.A.C. <input type="checkbox"/> Terminated for violation of Section 943.13(4), F.S., or violation of moral character standards as defined in Rule 11B-27.0011, F.A.C.
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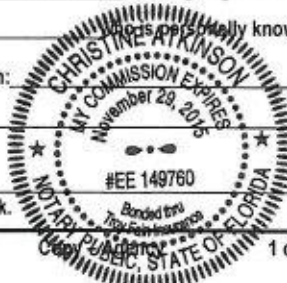
NOTICE: Section 943.139(2), F.S., requires the execution of an Affidavit of Separation by the employing agency in a case of officer separation. If the officer is separated, whether voluntarily or involuntarily, for failure to comply with provisions of Section 943.13, F.S., the agency is required to so specify when completing the Affidavit of Separation Supplement form CJSTC 61A. **WARNING:** Intentional false execution of this Affidavit of Separation constitutes a misdemeanor of the second degree.

8. Agency Administrator or Designee's Signature Kevin Sweat 9. Agency Administrator or Designee's Printed Name Kevin Sweat 10. Date 01/09/2012
 Director _____
 11. Agency Administrator or Designee's Title _____

AFFIDAVIT

12. STATE OF FLORIDA, COUNTY OF Volusia The foregoing instrument was acknowledged before me this date 1/9/12
 By: Christine Atkinson Personally known Kevin Sweat

or who has produced identification. Type of identification: _____



Christine Atkinson
 Print, type, or stamp Commissioned Name of Notary

Notary Seal: _____ Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.