

STATE OF MARYLAND  
DEPARTMENT OF GENERAL SERVICES  
MARYLAND CAPITOL POLICE

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

For your information  
Approve and return  
See me  
Note and return  
As requested

For comment/recommendation  
For additional information  
Prepare reply for my signature  
Give me facts so I can answer  
Take charge of

of

Years of Service: \_\_\_\_\_ Sworn      Civilian

Last Day of Employment: \_\_\_\_\_

Date Employee Gave Notice: \_\_\_\_\_

Resignation Letter Attached:    Yes      No      N/A

Date Employee contacted DGS Human Resources: \_\_\_\_\_

Date Employee Returned Equipment to Special Services Division: \_\_\_\_\_

Agency Issued Firearm - Glock Model \_\_\_\_\_ Serial No. \_\_\_\_\_  
Portable Radio - Make \_\_\_\_\_ Model \_\_\_\_\_ DGS Asset Tag No. \_\_\_\_\_  
Cell Phone (if applicable)  
Two issued badges  
MCP identification card  
MPTC card (sworn)  
State ID/Proximity card  
Uniform equipment  
Form 111 Attached

Internal Investigation Review:

Open Administrative Cases:    Yes      No  
Pending Disciplinary Actions:    Yes      No

Leaving in Good Standing:    Yes      No

CC: Commander, SSD  
Headquarters