



NICK NAVARRO  
SHERIFF

OFFICE OF THE  
**SHERIFF**  
BROWARD COUNTY

P.O. BOX 9507  
FORT LAUDERDALE, FLORIDA 33310  
April 22, 1991



ACCREDITED  
LAW ENFORCEMENT  
AGENCY

Florida Department of Law Enforcement  
P. O. Box 1489  
Tallahassee, FL 32302

IN REPLY REFER TO:

ATTENTION: Bureau of Standards  
Division of CJST  
Revocations

Dear Sirs,

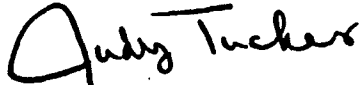
Attached please find an Affidavit of Termination, CJSTC-14A form on Rick SWOPE, Social Security Number 381-62-2031.

Mr. Swope's termination was previously listed as a code 22. Per a Settlement Agreement between Mr. Swope's attorney and the Broward County Sheriff's Office, his termination is being changed to a code 02, as he was allowed to resign. Please update your records accordingly.

Thank you for your cooperation.

Sincerely,

NICK NAVARRO  
Sheriff of Broward County

  
BY: Judy Tucker  
Certifications  
Personnel Division  
(305) 765-8900, ex. 259

JT/jt

## CRIMINAL JUSTICE STANDARDS AND TRAINING COMMISSION AFFIDAVIT OF TERMINATION



1. NAME: 

S	W	O	P	E											
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(Last Name)

R	I	C	K									
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(First Name)

(HI)

2. SSN: [REDACTED]

3. DOB: [REDACTED]

(No.)

(Day)

(Yr.)

4. RACE:  1-White  
 2-Black  
 3-Hispanic  
 4-Asian  
 5-American Indian/Eskimo

7. DEPARTMENT NAME  
BROWARD COUNTY SHERIFF'S OFFICE

8. DEPARTMENT ORI NO.

F	L	0	0	6	0	0	0	0	0	0
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5. SEX:  1-Male  2-Female

9. RANK: 

0	1
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6. EMPLOYMENT CODE:

- |   |   |
|---|---|
| Law Enforcement                                 | Correctional                                      |
| <input checked="" type="checkbox"/> 1-Full Time | <input type="checkbox"/> 4-Full Time              |
| <input checked="" type="checkbox"/> 2-Part Time | <input type="checkbox"/> 5-Part Time              |
| <input checked="" type="checkbox"/> 3-Auxiliary | <input type="checkbox"/> 9-Auxiliary              |
| <input type="checkbox"/> Concurrent             | <input type="checkbox"/> 8-Correctional Probation |
| <input type="checkbox"/> 6-Full Time            | <input type="checkbox"/> 10-Railroad Security     |
| <input type="checkbox"/> 7-Part Time            |   |

10. SEPARATION CODE: 

0	2
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11. EMPLOYMENT DATE:  

0	8	-	2	7	-	8	4
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(Mo.) (Day) (Yr.)

12. DATE OF SEPARATION:  

0	7	-	2	7	-	9	0
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(Mo.) (Day) (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

CONTACT PHONE NUMBER

