



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY
POLICE OFFICER DECLINATION

PDCS-5158i

TEMPORARY DECLINATION

I, _____, want to voluntarily withdraw my

Print Name

name at this time from the eligible list of candidates for the position of Police Officer. I am not interested in employment with the below listed Police Department(s) at this time for the following reason(s): _____

Month/Year Eligible to Return (If Applicable): _____

- | | |
|--|---|
| <input type="checkbox"/> Amityville PD _____ | <input type="checkbox"/> Shelter Island PD _____ |
| <input type="checkbox"/> East Hampton Town PD _____ | <input type="checkbox"/> Southampton Town PD _____ |
| <input type="checkbox"/> East Hampton Village PD _____ | <input type="checkbox"/> Southampton Village PD _____ |
| <input type="checkbox"/> Northport PD _____ | <input type="checkbox"/> Southold PD _____ |
| <input type="checkbox"/> Riverhead PD _____ | <input type="checkbox"/> Westhampton Beach PD _____ |
| <input type="checkbox"/> Suffolk County PD _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sag Harbor PD _____ | |

I WILL NOTIFY THE DEPARTMENT OF CIVIL SERVICE, IN WRITING, IF MY INTENTIONS CHANGE.

I understand that this declination will remain in effect for the current certification of the eligible list of candidates and that I will not be eligible for my name to be placed back on the eligible list until the next certification of candidates is established by the Suffolk County Department of Civil Service. I also understand that I will be required to notify the Department of Civil Service, **IN WRITING**, my request to be placed on that next certified hiring list when and if that occurs and if I am otherwise eligible.

Social Security Number	Signature	Date
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INVESTIGATOR: _____

**SUFFOLK COUNTY POLICE DEPARTMENT
APPLICANT INVESTIGATION SECTION
30 Yaphank Avenue
Yaphank, NY 11980
TELEPHONE: 631-852-6203
FAX: 631-852-6569**