



# PCS: Routine Separation

**Date Submitted:**  
9/26/2025 2:35 PM

## Agency Information

**Agency**  
South Congaree Police Dept.

**Agency Representative Name**  
Lieutenant James Marchant

**Agency Representative Email**  
jmarchant@southcongarree.org

**Agency Representative Phone Number**  
(803) 845-4301

## Officer Information

**Officer's Name**  
Steven E Jonas

**Academy ID**  
2870-3347

**Is the officer certified?**  
Yes

**Certification Type**  
Class 1 LEO

**Officer's Address - If agency address is entered, you will be required to resubmit**

**Is this individual listed as an agency point of contact (POC) in Acadis? (Training Officer, Reserve Liason, Agency Head, etc.)**  
Yes

## Separation Information

(For all separations NOT involving misconduct as defined in S.C. Reg. 37-025)

**Questions regarding this form? Please email [Cert@sccja.sc.gov](mailto:Cert@sccja.sc.gov)**

Date of Separation	CONFIRM Date of Separation	Separation Action
9/22/2025	9/22/2025	Retired

**There is a pending criminal investigation on this officer**  
No

**There are pending criminal charges on this officer**  
No

**Please enter separation training hours for MRN:**

**Certification Renewal Date**  
12/10/2026

**Last Recertification Date**  
12/14/2023

**Training Hours Completed (Not reflected in ACADIS):**

Year 1	Firearms	Less Lethal Weapons	Use of Force	EVO	Total "In Service Hours"

**Electronic Signature (Agency Head or Authorized Representative)**

I hereby attest that the reason for separation of this officer does NOT involve misconduct or otherwise disqualify eligibility for certification as defined in S.C. Reg. 37-025. I acknowledge that any omission, falsification or misrepresentation of information on this form, by the signer, may result in certification being denied, suspended or revoked by the South Carolina Criminal Justice Academy.

**By signing below, I attest that all information contained within this hire form is complete and correct. I understand that if any information is found to be incomplete or in error, an Academy representative may discard this hire form and notify me to resubmit**

**Authorized Signature for Department**  
Lieutenant James Marchant

**Academy ID#**  
0499-2983

