

**DIVISION OF ADMINISTRATION
SEPARATION FORM**

TO BE COMPLETED BY EMPLOYEE

Name		Personnel No.	
Address	City	Zip Code	
Section		Civil Service Class Title	

<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> Transfer <input type="checkbox"/> Termination		Effective _____ at _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Date Time </div>	<input type="checkbox"/> AM <input type="checkbox"/> PM
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For
Transfer,
Complete
This
Section

TO: Department: _____

Section: _____

Class Title: _____

MY REASON FOR LEAVE IS:	
<input type="checkbox"/> Better Job - Private Industry <input type="checkbox"/> Home Responsibilities <input type="checkbox"/> Insufficient Pay <input type="checkbox"/> Lack of Promotional Opportunity <input type="checkbox"/> Moving to Another Area <input type="checkbox"/> Poor Health <input type="checkbox"/> Poor Relations with Fellow Employees	<input type="checkbox"/> Poor Relations with Supervisor <input type="checkbox"/> Return to School <input type="checkbox"/> Shift Work <input type="checkbox"/> Transportation Problems <input type="checkbox"/> Work Not Interesting <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> _____

COMMENTS

Employee Signature	Date	Section Head Signature	Date
Commissioner's Office			Date