

**State of Louisiana Division of Administration
Separation Form**

Instructions for Employee: Complete and sign this form, then send it to your Personnel Liaison or your supervisor.

Employee Information

Name: _____ Personnel # _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Section: _____ Civil Service Class Title: _____

Separation Details

Type of Separation: (select one)

☐ Resignation ☐ Retirement ☐ Transfer ☐ Termination ☐ Death

Effective Date: _____ Effective Time: _____ ☐ AM ☐ PM

If Transfer: Complete this section.

Department: _____ Section: _____

Civil Service Class Title: _____

Reason for Leaving (select one)

☐ Better Job / Other Industry	☐ Pay
☐ Hours	☐ Personal
☐ Layoff	☐ School
☐ Military	☐ Other (Specify)

Comments

Signatures

Employee: _____ Date: _____

Section Head: _____ Date: _____

Commissioner's Office: _____ Date: _____