

## DIVISION OF ADMINISTRATION SEPARATION FORM

### TO BE COMPLETED BY EMPLOYEE

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

Resignation  
 Retirement  
 Death  
 Transfer

Effective \_\_\_\_\_ at \_\_\_\_\_

Date

Time

AM  
 PM

**For  
Transfer,  
Complete  
This  
Section**

TO: Department: \_\_\_\_\_

Section: \_\_\_\_\_

Class Title: \_\_\_\_\_

#### MY REASON FOR LEAVING 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"/> _____
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YES     NO

I received a copy of the LDOL 77, Separation Notice Alleging Disqualification

I have turned in:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Credit Cards
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Desk Key
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Door Key
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Access Card

YES     NO

I want my retirement contributions refunded. If yes, complete ER-2, Refund Form, and forward to Employee Administration.

#### COMMENTS

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