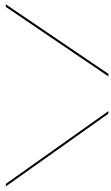


**DIVISION OF ADMINISTRATION
SEPARATION FORM**

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 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"/> _____
---	--

- 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 |

COMMENTS

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