

**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 | } | Effective _____ | at _____ | Time | <input type="checkbox"/> AM |
| <input type="checkbox"/> Retirement | | Date | Time | <input type="checkbox"/> PM | |
| <input type="checkbox"/> Death | | | | | |
| <input type="checkbox"/> Transfer | | | | | |
| <input type="checkbox"/> Termination | | | | | |

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

COMMENTS

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