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|  | **Employee Separation Form for** **Paper Agencies**Revised: 01/2022 |
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| **Effective Date of Separation:** | **LaGov HCM Personnel Number:**  |
| **Agency Name:**  | **Agency Personnel Area:**  |
| **Employee’s Name:** (Last name, First name, MI) | **Position Number:**  |
| **Employee Mailing Address:** | **City, State, and Zip Code:** |
| **Parish:** | **Ending Salary:** |

**Reason for Action (Please select one)**

An \*asterisk indicates the reason is designated for **classified** state employees **only.**

A \*\*double asterisk indicates the reason is designated for **unclassified** state employees **only.**

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| [ ] Resign – Work Related |
| [ ] Resign – Personal |
| [ ] Resign to Avoid Dismissal**\*** |
| [ ] Resign – Reason Not Stated |
| [ ] Resign – Pending Disciplinary Action**\*** |
| [ ] Resign – To Attend School |
| [ ] Resign – Better Job Other Industry |
| [ ] Resign – Military |
| [ ] Resign – Insufficient Telework |
| [ ] Resign – No Telework Option |
| [ ] Retirement |
| [ ] Separation from Probation**\*** |
| [ ] Dismissal |
| [ ] Non-Disciplinary Removal**\*** |
| [ ] Non-Disciplinary Removal – Exhausted Sick Leave**\*** |
| [ ] Non-Disciplinary Removal – Non Qualified**\*** |
| [ ] Non-Disciplinary Removal – Unscheduled Absences**\*** |
| [ ] Death |
| [ ] Transfer to Other State Agency**\*** |
| [ ] Termination of Temporary Appointment |
| [ ] Layoff**\*** |
| [ ] Unclassified Termination of Contract**\*\*** |
| [ ] Unclassified Reduction in Force\*\* |

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| **Agency Contact Information** |
| **Contact Name:** | **Email Address:** | **Phone**:      |
| ***I hereby certify that all information on this document is true and correct to the best of my knowledge.*** |
| **Appointing Authority Signature:**  | **Title:** | **Date:**  |

**Electronic Submission:**

**Scan form as PDF & upload via** [**Paper Agency Portal**](https://apps01.civilservice.louisiana.gov/HRPortal/ComplianceAndAudit/PAL/PALHome.aspx) **in the HR Info Portal.**