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|  | **Employee Separation Form for** **Paper Agencies**  Revised: 01/2022 | |
|  | |  |
| **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.**

|  |
| --- |
| 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\*\* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.**