

EMPLOYEE SEPARATION NOTICE

STATE OF LOUISIANA
COASTAL PROTECTION AND RESTORATION AUTHORITY

OFFICE/DIVISION

EMPLOYEE: _____

CLASSIFICATION: _____

DATE: _____

TO: _____
SUPERVISOR

Please accept my resignation/transfer/retirement which is to become effective the close of
business _____.

My reason for leaving is _____

(SIGNED) _____

ACCEPTED: _____ DATE: _____
(SUPERVISOR &/OR APPOINTING AUTHORITY)

NOTE: If you are paid for any annual leave, you must stay out of state service for the number of hours for which you are paid. If you do not, you must repay any excess number of hours to your new state agency.

NOTE: Exiting forms are to be signed by the employee, and by the supervisor, and forwarded to the Human Resource Office along with the completed EMPLOYEE EXIT CHECKLIST. Rev.10/2004

