



## Separation Process

*It is the responsibility of the immediate supervisor to promptly notify the Human Resources office and timekeepers as soon as he/she is notified of the employee's effective date of resignation/termination.*

*For resignations, the last day must be the last scheduled working day, not a Holiday or Weekend.*

- ✓ Send HR the employee's resignation letter/email as soon as you receive it.
- ✓ Complete the "Separation - Exit packet" on the employee's last day in the office.
- ✓ Have the timekeeper print the employee's time sheet for the employee and supervisor to sign. *\*All of the employee's time must be entered.*
- ✓ Collect the employee's building access card, state badge, hang tag and any office keys.
- ✓ Give the employee the "Employee Exit Notes" for them to keep.
- ✓ Return all items to Human Resources on the employees last day in the office.
- ✓ Complete and return a Property Control form to the General Services section. Forms must be completed to transfer all state property including desktop monitors, work cell phone, laptop, hotspot, etc.  
*\*Contact General Services if more information is needed.*
- ✓ Voluntary: Complete CPRA Exit Interview Questionnaire

*If you have any questions, please contact Rebecca Dufrene in Human Resources.*

# EMPLOYEE SEPARATION NOTICE

Employee Name: \_\_\_\_\_

Personnel No.: P\_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

TO: \_\_\_\_\_

*(Supervisor)*

Please accept my:

\_\_\_\_\_ Resignation (Please circle one of the reasons for your resignation below)

- To Avoid Dismissal
- Better Job Other Industry
- Insufficient Telework
- Military
- No Telework
- Pay Reasons

- Pending disciplinary action
- Personal
- Reasons Not Stated
- Shift/Locale/Housing
- To Attend School
- Work Related

\_\_\_\_\_ Retirement

\_\_\_\_\_ Transfer to another state agency:

Agency: \_\_\_\_\_

Appointment Type (Probational, Job Appointment, etc): \_\_\_\_\_

First day at new agency: \_\_\_\_\_

The effective date of my separation is \_\_\_\_\_.

My reason for leaving is \_\_\_\_\_

\_\_\_\_\_

Signed, \_\_\_\_\_

*(Employee)*

ACCEPTED: \_\_\_\_\_

*(Supervisor)*

DATE: \_\_\_\_\_

ACCEPTED: \_\_\_\_\_

*(Appointing Authority)*

DATE: \_\_\_\_\_

# EXIT CHECKLIST

## EMPLOYEES:

1. Are all time statements completed, printed, signed and given to your Supervisor?  YES  NO  N/A

2. Have the following items been returned to your Supervisor?

**Employee ID**  YES  NO  N/A

**Office Key**  YES  NO  N/A

**Hang Tag**  YES  NO  N/A

**Building Access Card**  YES  NO  N/A

If not, please explain. \_\_\_\_\_

3. Would you like to donate any annual leave to the CPRA Crisis Leave Pool? If so, you should submit an email to Human Resources detailing the number of hours you would like to donate to the Crisis Leave Pool.  YES  NO  N/A

4. Have you returned all objects on loan and completed the Property Control Transfer form for the General Services Section?  YES  NO  N/A

Please list all objects that are being returned (ex. Cell phone, etc.)  
\_\_\_\_\_

## SUPERVISORS:

5. Please READ CAREFULLY regarding the employee's files, email content and email address:

- All email addresses will be deleted.
- All files should be moved to a shared location prior to the employee leaving office. If they have not been moved and you need the files (example: U drive), submit a Help Desk ticket ASAP to gain access.
- To gain access to email content, the supervisor must submit an OTS helpdesk ticket.

**Signed:** \_\_\_\_\_  
*(Employee)*

**Signed:** \_\_\_\_\_  
*(Supervisor)*

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# SUPERVISOR EXIT REPORT

Employee: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

1. In your opinion, what is the real reason for:

\_\_\_\_\_ Resignation

\_\_\_\_\_ Retirement

\_\_\_\_\_ Transfer to another state agency

Reason: \_\_\_\_\_

\_\_\_\_\_

2. If employee is resigning to accept another job, where is the job? \_\_\_\_\_

\_\_\_\_\_

3. Would you recommend for re-employment at a later date? \_\_\_\_\_

Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(Signature of Supervisor)*

\_\_\_\_\_  
*(Date)*

# EMPLOYEE EXIT NOTES

## 1. Leave:

- a) **Resignation** - Employees may be paid up to 300 hours of accrued annual leave. Sick leave is not paid out and will remain on the books for up to 5 years from the date of separation.

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 or repay the Department which reemploys you the value of such annual leave less the time you were out of state service unless you are returning to work for the first time after retirement or you are being rehired into a job appointment or non-leave earning position.

- b) **Retirement** – Leave payouts are the same as above. Any remaining leave after payout can be converted to retirement service or paid in lump sum to the employee. Human resources will submit the Form 07-01 Certification of Unused Annual and Sick Leave to LASERS.
- c) **Transfer** – If the employee is transferring to another state agency in probational or permanent status in the classified service or is reemployed in the unclassified service without a break in service of one or more working days, all of the employee's annual and sick leave shall be transferred to the employing agency.
- d) **Compensatory Leave** - All unused time and one-half compensatory leave earned by non-exempt employees will be paid out in accordance with the Fair Labor Standards Act. All unused compensatory leave earned by exempt employees may be paid subject to CPRA policy, fund availability, and approval of the Executive Director or shall be cancelled upon separation or transfer. Such leave shall not be re-credited upon reemployment in that or any other department.

## 2. Benefits:

- a) **Retirement** – If you would like to refund your LASERS retirement account, forms are located under Forms, Member Forms at [www.lasersonline.org](http://www.lasersonline.org). Form 02-01 Refund of Accumulated Contributions is for a refund to the member and Form 02-01A Authorization for Direct Rollover to accompany 02-01 to roll contributions to a financial institution.
- b) **Deferred Compensation** – You may contact Empower Retirement National Client Services for your Deferred Compensation options at (800) 701-8255.
- c) **Health & Life Insurance** – Health & Life insurance will end on the last day of the month in which you are separated. Because health insurance premiums are paid one month in advance any overpaid premiums will be refunded on your final paycheck. For more information, contact Human Resources.
- d) **Supplemental Insurance** – If you would like to continue your Supplemental insurance, please contact the vendor directly. For more information, contact Human Resources.

## 3. Payroll:

The employee will receive his/her final paycheck by direct deposit on the regularly scheduled payday. Any refunds for insurance deductions will be on the final paycheck.

## 4. Change of Address:

Please notify Human Resources of any address changes. Your W-2 form will be mailed to the last address we have on record.

### Human Resources Division

**Holly Anderson**

Human Resources

Director

[Holly.Anderson@la.gov](mailto:Holly.Anderson@la.gov)

225-342-2354

**Rachel Dunbar**

Human Resources

Supervisor

[Rachel.Dunbar@la.gov](mailto:Rachel.Dunbar@la.gov)

225-342-8415

**Margaret Wilder**

Human Resources

Specialist

[Margaret.Wilder@la.gov](mailto:Margaret.Wilder@la.gov)

225-342-4454

**Rebecca Dufrene**

Human Resources

Analyst

[Rebecca.Dufrene@la.gov](mailto:Rebecca.Dufrene@la.gov)

225-342-0143