



RESIGNATION FORM

I, _____, hereby resign from my position as _____
effective at the close of business on _____ for the following reason(s):

- Accepted Another Job
New Job Title: _____
New Rate of Pay _____
- Retirement
- Transferring To Another State Agency- What Agency? _____
- Conflict with Schedule and/or Job Location.
- Personal (Transportation, Family, Medical or Relocation)
- Work Related Issues (Supervisor, Workplace Environment) _____
- Attend School
- Military
- Other _____

Additional comments:

I certify that this resignation is executed by me voluntarily and of my own free will and desire to discontinue my services at Louisiana State University, and is not given or executed by reason of threat, force, duress, menace, or undue influence of any kind by any person or persons whomsoever.

Employee Signature: _____ Date: _____

Address: _____

Department Head Signature: _____ Date: _____

To meet Civil Service requirements, this resignation form must be accepted by the department head or appointing authority's signature and date with the employee receiving a signed copy.

- Please check if signed copy of resignation delivered or mailed to employee.
- Please check if a separate resignation letter is attached (not required)
- Please check if the resignation was given via phone call, and the hiring manager completed this resignation form on behalf of the employee.

Original Letter: Department File
Copy: Attached to Workday
Transaction Copy: Employee