



EMPLOYEE RESINATION FORM

TODAY'S DATE: _____

EMPLOYEE NAME: _____

REASON FOR LEAVING:

RETIRING FROM STATE GOVERNMENT: _____

TRANSFERRING TO ANOTHER STATE AGENCY: _____

OTHER:

EFFECTIVE DATE: _____ (LAST DAY IN A PAID STATUS)

EMPLOYEE SIGNATURE: _____ DATE: _____

ORIGINAL TO SUPERVISOR, COPY TO HR & PAYROLL