

EMPLOYEE SEPARATION NOTICE

STATE OF LOUISIANA
DEPARTMENT OF NATURAL RESOURCES

(Department/Division)

Employee Name: _____

Personnel No.: P_____

Job Title: _____

Date: _____

TO: _____

(Supervisor)

Please accept my:

_____ Resignation

_____ Retirement

_____ Transfer to another state agency

If so, please list the agency _____

which is to become effective the close of business on _____.

My reason for leaving is _____

_____.

Signed, _____

(Employee)

ACCEPTED: _____

(Supervisor)

DATE: _____

ACCEPTED: _____

(Appointing Authority)

DATE: _____

SUPERVISOR EXIT REPORT

It will be 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.

Employee: _____

Personnel No.: P _____

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)

NOTE: Employee Exit Packet must be turned in within 24 hours of separation 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 by submitting the certified 06-01 form 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 shall be paid subject to fund availability and approval of the secretary 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. 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) **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.
- c) **Supplemental Insurance** – If you would like to continue your Supplemental insurance, please contact the vendor directly. For more information, contact Human Resources.

3. 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.