



RESIGNATION FORM

I, _____, hereby resign from my position as _____

effective at the close of business on _____

for the following reason or reasons: _____

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: _____

I will be employed by another state agency. What agency? _____

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.

Original Letter: Department file
Copy: Attached to HRS transaction
Copy: Employee