

## Personnel Resignation Form

Employee's Name \_\_\_\_\_

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

Department \_\_\_\_\_

Effective Date of Resignation \_\_\_\_\_ Last day worked \_\_\_\_\_

Reason(s)

By completing this form, I am requesting to resign from my position with LSUHSC – New Orleans on the close of business of the indicated effective date. I certify that the resignation is executed by me voluntarily and of my own free will and desire to discontinue my services at LSU Health Sciences Center– New Orleans and is not given or executed by reason of any threat, force, duress, menace, or undue influence of any kind by any person or persons whomsoever.

**To meet Civil Service requirements, resignation must be accepted by the department head or authorized representative and dated with the employee receiving a signed accepted copy.**

\_\_\_\_\_  
Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Accepted By (Department Head/Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_

Please check if signed copy of accepted resignation was delivered or mailed to employee.

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Distribution:

1. Return one (1) copy to employee signed and dated by the department head or authorized representative.
2. Forward two (2) copies to Human Resource Management.
3. Retain one (1) copy for Department files.