



Office of Human Resource Management

Personnel Resignation Form

Employee’s Name: _____

Job Title: _____

Department: _____

Effective Date of Resignation: _____ Last Day Worked: _____

Reason(s):

[Empty rectangular box for providing reasons for resignation]

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: _____

Accepted By: _____ Date: _____
(Department Head/Authorized Representative)

Distribution:

1. Return one (1) copy to employee, signed and dated by the department head or authorized representative.
2. Upload one (1) copy to PeopleSoft electronic termination system, send original to Humans Resource Management for employee file.
3. Retain original (1) copy for Department files.