TO:  Human Resources

FROM: _____________________________________________________________________________

Name                                          Employee ID                             Facility/Unit

DATE:

SUBJECT: SEPARATION NOTICE

This is to notify the agency of my intent to separate from the Department of Correction effective ________________ (last day of work).

The type of separation will be as follows (check one):

☐ Voluntary Resignation

☐ Transfer to another Agency ________________________________ (agency name)

☐ Retirement effective the 1st day of ________________ (mo.) ________________ (yr.)
  (circle type)
    o  Hazardous Duty
    o  Non-Hazardous Duty
    o  Disability Retirement Request

EMPLOYEE SIGNATURE:  __________________________________________________

Please complete the attached exit interview and return it to Human Resources in accordance with A.D. 2.4.