



Notice of Resignation or Transfer Form

EMPLOYEE INFORMATION			
NAME:		PERSONNEL #:	
POSITION TITLE:		POSITION #:	
EFFECTIVE DATE OF RESIGNATION/TRANSFER :		LAST DATE ACTUALLY WORKED:	
REASON FOR RESIGNATION OR TRANSFER (Please indicate your primary reason for leaving this job.)			
<input type="checkbox"/> RESIGN – PAY REASONS		<input type="checkbox"/> RESIGN – SHIFT/LOCALE/HOUSING	
<input type="checkbox"/> RESIGN – BETTER JOB/OTHER INDUSTRY		<input type="checkbox"/> RESIGN – PENDING DISCIPLINARY ACTION	
<input type="checkbox"/> RESIGN – MILITARY		<input type="checkbox"/> RESIGN – TO ATTEND SCHOOL	
<input type="checkbox"/> RESIGN – INSUFFICIENT TELEWORK		<input type="checkbox"/> RESIGN – NO TELEWORK OPTION	
<input type="checkbox"/> RESIGN – REASON NOT STATED		<input type="checkbox"/> RESIGN – RETIREMENT	
<input type="checkbox"/> RESIGN – OTHER WORK RELATED (please explain)		<input type="checkbox"/> RESIGN – OTHER PERSONAL (please explain)	
<input type="checkbox"/> TRANSFER TO ANOTHER LA GOV AGENCY <ul style="list-style-type: none"> Agency Name: _____ Start Date: _____ Appointment Type: _____ 		<input type="checkbox"/> TRANSFER TO NON-LA GOV AGENCY <ul style="list-style-type: none"> Agency Name: _____ Start Date: _____ Appointment Type: _____ 	
Failure to inform LDH of a transfer could affect leave balances and leave payouts that may have been received.			
COMMENTS/REMARKS			
ACKNOWLEDGEMENT			
I acknowledge and understand that I may not withdraw or modify this resignation after the appointing authority accepts it, unless the appointing authority agrees (Civil Service Rule 12.11(b)).			
EMPLOYEE SIGNATURE (required by LDH)		DATE	TIME
APPOINTING AUTHORITY ACCEPTANCE (required by LDH)			
APPOINTING AUTHORITY SIGNATURE		DATE	TIME

