



Louisiana Department of Conservation and Energy
EMPLOYEE SEPARATION NOTICE

This form must be completed, signed and submitted to Human Resources as soon as the supervisor has knowledge that an employee will be separating.

Employee Name: _____ Personnel #: _____
Job Title: _____
Office Name: _____ Division: _____

I. INDICATE TYPE OF SEPARATION – Complete either Section A. or B. as applicable

A. VOLUNTARY SEPARATION – To be completed by Employee

Please accept this as notice of my intended separation effective close of business on _____
for the following reason:

Resignation (Please indicate reason):

- | | | |
|--|--|---|
| <input type="checkbox"/> Better Job/Other Industry | <input type="checkbox"/> Pay Reasons | <input type="checkbox"/> Shift/Locale/Housing |
| <input type="checkbox"/> Insufficient Telework | <input type="checkbox"/> Personal | <input type="checkbox"/> To Attend School |
| <input type="checkbox"/> No Telework Option | <input type="checkbox"/> Reason Not Stated | <input type="checkbox"/> Work-Related |

Transfer to Another State Agency

(Please indicate new agency information so that your transfer can be processed accurately):

Name of New Agency: _____

New Job Title: _____

Appointment Type: Classified Unclassified Job Appointment

Retirement

Please provide your current contact information to ensure receipt of final separation paperwork and W-2.

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employee Signature

Date

B. INVOLUNTARY SEPARATION – To be completed by Supervisor

The above listed employee is hereby separated effective close of business on _____
for the following:

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Separation from Probation | <input type="checkbox"/> Termination of Temporary Appointment (WAE, Job Appointment, Unclassified) | <input type="checkbox"/> Layoff (Please indicate type):
<input type="checkbox"/> Permanent
<input type="checkbox"/> Probational | <input type="checkbox"/> Death |
|--|--|---|--------------------------------|

II. RE-EMPLOYMENT – To be completed by Supervisor

Would you recommend this employee for re-employment at a later date? Yes No
If "no," please state why you would not recommend this employee for re-employment. (Not required.)

III. ACCEPTANCE

In accordance with Civil Service Rule 12.11, this separation has been hereby accepted by:

Supervisor's Signature

Date

Appointing Authority's Signature

Date



EMPLOYEE EXIT NOTES

I. LEAVE

- A. Annual Leave Payout:** In accordance with Civil Service Rule 11.10 (for classified) and Executive Order JML 24-122 (for unclassified), separated employees (except those transferring to another State agency) shall be paid the value of their accrued annual leave in a lump sum, up to a maximum of 300 hours.

If an annual leave payout is received, you must remain out of State service for the number of hours for which you were paid, *or*, repay the Department that re-employs you for the number of hours you were paid which exceeded the number of hours that transpired during your break from State service. This repayment provision does not apply if you are returning to work for the first time after retirement *or* if being rehired into a job appointment or non-leave earning position.

- B. Transfer:** If you are transferring to another State agency into a classified or unclassified, leave-earning position without a break in service, your annual and sick leave accruals shall be transferred to the gaining agency.

Note: Transferring employees will need to update their LEO verification email address if their work email address is changing. For example, DCE agency email is John.Smith@la.gov and new agency email is John.Smith2@la.gov. If John needs to reset his LEO login password, the verification email will be sent to his DCE email address and not the new agency email address. This will require John to contact his new agency Human Resources Office to have them submit an OTS ticket to update the verification email in order to reset his LEO login password.

C. Compensatory Leave (K-Time) Payout:

- 1. Non-Exempt Employees:** All unused compensatory leave earned by Non-Exempt employees at the time and one-half (1.5) and/or straight (1.0) rate shall be paid out upon separation or transfer in accordance with the Fair Labor Standards Act (FLSA) and Civil Service Rule 21.12(b)(3).
- 2. Exempt Employees:** All unused compensatory leave earned by Exempt employees at the straight (1.0) rate shall be canceled upon separation or transfer, unless specifically approved for payout by the DNR Secretary (subject to funding availability).

II. BENEFITS

- A. Refund of Retirement Contributions:** If you are resigning and leaving State service, you can request a refund of your LASERS retirement contributions by completing the Refund of Accumulated Contributions form (Form 02-01). The form can be accessed under Forms, Member Forms at www.lasersonline.org.
- B. OGB Health and Life Insurance:** Health and life insurance coverage through the Office of Group Benefits (OGB) will end on the last day of the month in which you separate from DCE. Given that premiums are paid one month in advance, any overpaid premiums will be refunded your final paycheck. For more information, contact Human Resources.
- C. Supplemental Insurance:** If you would like to continue your supplemental insurance plans (i.e., dental, cancer, etc.), the insurance vendor should be contacted directly. For more information, contact Human Resources.

III. CHANGE OF ADDRESS

- A.** Please notify Human Resources of any address changes post separation, as the W-2 form will be mailed to the last address on record.