

**LOUISIANA STATE UNIVERSITY
MEDICAL CENTER - Shreveport
Personnel**

SEPARATION SUMMARY

SECTION I

Employee Name: _____ Date: _____

SSN: _____ Job Title: _____ Dept: _____

Effective Date of Separation: _____

Last Day Actually Worked: _____

Reason for Separation (Explain in detail):

I certify that this resignation is executed by me voluntarily and of my own free will and desire to discontinue my services in Louisiana State University 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.

Employee Signature/Date

Appointing Authority/Date

SECTION II

Work Performance:

Quantity	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Quality	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good

Conduct:

Work Habits	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Attitude	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Attendance	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good
Remarks				

SECTION III

Proper Notice Given Yes No

Would you Reemploy Yes No (explain fully below) Conditionally (explain fully below)

Supervisor/Date

Department Head/Date

Copy mailed to employee- _____
(Date)

Reviewed in Department of Human Resources/Personnel by _____

Date: _____

WHITE - Personnel BLUE - Department PINK - Employee YELLOW - Civil Service