



EMPLOYEE EXIT FORM

Employee Name	_____
Address	_____
City	_____
State	_____
Zip	_____
Employee ID Number	_____
Effective Date	_____
	(Last Date Worked)
Current Position	_____
Current Dept./School	_____
Personal Email Address	_____

REQUEST TO RESIGN

Check one of the following

- Accepted a teaching or leadership position within Louisiana
- Accepted a teaching or leadership position outside of Louisiana
- Spouse transferred
- Accepted job outside of education
- Accepted a non-teaching position with CPSB (Ex. Teacher to Substitute)
- Personal Reasons

REQUEST TO RETIRE

Check one of the following:

- Service Retirement
- Retire-Rehire Term
- Disability Retirement
- DROP Retiree

Employee Signature

Date

To be completed by Personnel Department Staff Only

CPSB Exit Code: _____ Exit Date: _____ Staff Member: _____