

**PLAQUEMINES PARISH
CIVIL SERVICE DEPARTMENT**

RESIGNATION FORM

Name _____

Social Security Number _____

Address _____

Phone Number _____

Effective Date of Resignation _____

Last Date Physically Worked _____

Reason _____

Employee's Signature _____ Date _____

I understand that all uniforms, keys, and government property must be returned, or
the cost will be deducted from my final paycheck.

Employee's Signature _____ Date _____

Original: Civil Service Department (within 48 hours of resignation).

Copies: Human Resources; Employee's Department
