

Administrative Office of Courts Employment Separation Form

Each employee separating from the Administrative Office of Courts is asked to complete this questionnaire.

Employee Name _____

Judge Employed By _____

Employee Social Security Number _____

Mailing Address _____

1. Effective date of termination: _____

2. Have you completed leave requests for all leave taken? ____ YES ____ NO

If no, indicate the amount taken: _____ hours

3. Are you leaving state employment? ____ YES ____ NO

4. Are you transferring accumulated leave to another state agency? ____ YES ____ NO

If no, are you requesting payment of accrued annual leave? ____ YES ____ NO

5. If you are transferring accumulated leave to another state agency, please print the following information:

Agency Name _____

Mailing Address _____

Personnel Director _____

6. If you are leaving state employment, are you requesting accumulated retirement contributions?

_____ YES _____ NO

7. Do you currently have payroll deductions for State Offices Credit Union? ____ YES ____ NO

8. Do you want to keep your insurance? ____ YES ____ NO

9. Were you assigned any equipment, computers, etc., while employed by the Administrative Office of Courts?

____ YES ____ NO If yes, have these items been returned and have you completed the "Interim Equipment

Form"? ____ YES ____ NO

10. To what address should we submit any future mail addressed to you and received at the office? (W-2 forms, etc)

Mailing Address _____

Phone Number _____

Signature of Employee

Date

(Please submit this form to Finance Department, Attn: Courtney Guichet, P O Box 117, Jackson, MS 39205)