



STATE OF CONNECTICUT

DEPARTMENT OF CORRECTION

24 WOLCOTT HILL ROAD

WETHERSFIELD, CONNECTICUT 06109

TO: Human Resources

FROM: _____
Name Employee ID Facility/Unit

DATE:

SUBJECT: SEPARATION NOTICE

This is to notify the agency of my intent to separate from the Department of Correction effective _____(last day of work).

The type of separation will be as follows (check one):

- Voluntary Resignation
- Transfer to another Agency _____ (agency name)
- Retirement effective the 1st day of _____ (mo.) _____ (yr.)
(circle type)

- Hazardous Duty
- Non-Hazardous Duty
- Disability Retirement Request

EMPLOYEE SIGNATURE: _____

Please complete the attached exit interview and return it to Human Resources in accordance with A.D. 2.4.