

# 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)**