



STATE OF ARKANSAS  
**Department of Finance and  
 Administration**

**Office of Human Resources**  
 1509 West 7<sup>th</sup> Street  
 P. O. Box 2485  
 Little Rock, AR 72203-2485  
 Phone: 501.324.9065  
 Fax: 501.683.2174  
 www.dfa.arkansas.gov/

**Memorandum**

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

This is a notice of employment separation from the Department of Finance and Administration, per the reason checked below. This separation is effective on:

\_\_\_\_\_ at \_\_\_\_\_  
 Date

- Subject:  Voluntary Resignation (separation from state service)  
 Involuntary Termination (separation from state service)  
 Probationary Period  
 Transfer within DFA to another division \_\_\_\_\_  
 Name of Division  
 Transfer to another state agency \_\_\_\_\_  
 Name of Agency  
 Retirement

\_\_\_\_\_  
 Employee's Name (printed)

\_\_\_\_\_  
 Personnel Number

\_\_\_\_\_  
 Employee's Signature

Employee not present to sign.

\_\_\_\_\_  
 Supervisor's Signature

Please forward a copy of this memo to the DFA Human Resources Office and attach any relevant personnel/payroll transaction documents.