



EMPLOYEE INFORMATION

NAME:		PERSONNEL #:	
POSITION TITLE:		POSITION #:	
EFFECTIVE DATE OF RESIGNATION:		LAST DAY WORKED:	

REASON FOR RESIGNATION
Please indicate your primary reason for leaving this job.

<input type="checkbox"/> RESIGN – WORK RELATED <ul style="list-style-type: none"> o Lack of promotional opportunities o Lack of training o Work not interesting o Relationship with fellow employees o Relationship with supervisors o Excessive work o Insufficient work o Physical conditions of work 	<input type="checkbox"/> RESIGN – PERSONAL <ul style="list-style-type: none"> o Health reasons o Maternity/Paternity o Marriage o Moving to Another Area o Transportation o Home Responsibilities o Business Responsibilities
<input type="checkbox"/> RESIGN- PAY REASONS	<input type="checkbox"/> RESIGN – SHIFT/LOCALE/HOUSING
<input type="checkbox"/> RESIGN – BETTER JOB/OTHER INDUSTRY	<input type="checkbox"/> RESIGN – PENDING DISCIPLINARY ACTION
<input type="checkbox"/> RESIGN – MILITARY	<input type="checkbox"/> RESIGN – TO ATTEND SCHOOL
<input type="checkbox"/> RESIGN – INSUFFICIENT TELEWORK	<input type="checkbox"/> RESIGN – NO TELEWORK OPTION
<input type="checkbox"/> RESIGN – REASON NOT STATED	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> TRANSFER TO ANOTHER LA GOV AGENCY <ul style="list-style-type: none"> o Agency Name: _____ o Start Date: _____ o Appointment Type: _____ 	<input type="checkbox"/> TRANSFER TO NON-LA GOV AGENCY <ul style="list-style-type: none"> o Agency Name: _____ o Start Date: _____ o Appointment Type: _____

COMMENTS/REMARKS

Empty box for comments/remarks.

EMPLOYEE SIGNATURE (required by LDH)	DATE	TIME

APPOINTING AUTHORITY ACCEPTANCE (required by LDH)

ACCEPTED BY APPOINTING AUTHORITY	DATE	TIME