



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"> <li>○ Lack of promotional opportunities</li> <li>○ Lack of training</li> <li>○ Work not interesting</li> <li>○ Relationship with fellow employees</li> <li>○ Relationship with supervisors</li> <li>○ Excessive work</li> <li>○ Insufficient work</li> <li>○ Physical conditions of work</li> </ul>	<input type="checkbox"/> RESIGN – PERSONAL <ul style="list-style-type: none"> <li>○ Health reasons</li> <li>○ Maternity/Paternity</li> <li>○ Marriage</li> <li>○ Moving to Another Area</li> <li>○ Transportation</li> <li>○ Home Responsibilities</li> <li>○ Business Responsibilities</li> </ul>
<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"> <li>○ Agency Name: _____</li> <li>○ Start Date: _____</li> <li>○ Appointment Type: _____</li> </ul>	<input type="checkbox"/> TRANSFER TO NON-LA GOV AGENCY <ul style="list-style-type: none"> <li>○ Agency Name: _____</li> <li>○ Start Date: _____</li> <li>○ Appointment Type: _____</li> </ul>

COMMENTS/REMARKS

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EMPLOYEE SIGNATURE (required by LDH)	DATE	TIME

APPOINTING AUTHORITY ACCEPTANCE (required by LDH)

ACCEPTED BY APPOINTING AUTHORITY	DATE	TIME