



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 opportunitieso Lack of trainingo Work not interestingo Relationship with fellow employeeso Relationship with supervisorso Excessive worko Insufficient worko Physical conditions of work	<input type="checkbox"/> RESIGN – PERSONAL <ul style="list-style-type: none">o Health reasonso Maternity/Paternityo Marriageo Moving to Another Areao Transportationo Home Responsibilitieso 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

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EMPLOYEE SIGNATURE (required by LDH)

DATE

TIME

APPOINTING AUTHORITY ACCEPTANCE (required by LDH)

ACCEPTED BY APPOINTING AUTHORITY

DATE

TIME