

Exit Interview Form

Revised: 02/14/2022

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

COMMENTS/REMARKS

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Employee Signature:	Date:
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Appointing Authority Acceptance and Agency Comments

Appointing Authority Signature:	Title:	Date:
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Agency Comments By:

	Date:
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