

SF-14 (R 09/10)

RESIGNATION AND EXIT – INTERVIEW REPORT**PART A (TO BE COMPLETED BY EMPLOYEE)****CHECK PRIMARY REASON FOR RESIGNATION (Place any additional comment(s) under Remarks)**

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| <input type="checkbox"/> Resign – Work-related <ul style="list-style-type: none"> ▪ Lack of Promotional Opportunities ▪ Lack of Training ▪ Job Security ▪ 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"> ▪ Poor Health ▪ Maternity ▪ Marriage ▪ Moving to Another Area ▪ To Attend School ▪ Military ▪ Transportation ▪ Home Responsibilities ▪ Business Responsibilities ▪ Better Job/Other Industry |
| <input type="checkbox"/> Resign – Pay Reasons <ul style="list-style-type: none"> ▪ Insufficient Pay ▪ Better Pay – Private Industry | <input type="checkbox"/> Resign – Reason Not Stated |
| <input type="checkbox"/> Resign – Shift/Locale/Housing <ul style="list-style-type: none"> ▪ Shift Work ▪ Location of Work ▪ Housing Facilities | <input type="checkbox"/> Retirement |

**MOVEMENT WITHIN STATE GOVERNMENT
(CHECK BELOW, IF APPLICABLE)**

- ☐ TO ACCEPT NEW PROBATIONAL APPOINTMENT
☐ TO ACCEPT A NEW CLASSIFIED APPOINTMENT (OTHER THAN PROBATIONAL) OR AN UNCLASSIFIED APPOINTMENT
☐ TRANSFER OUT TO ANOTHER DEPARTMENT/AGENCY (LATERAL OR WITH PROMOTION, DEMOTION)

REMARKS

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| EMPLOYEE NAME | DEPARTMENT/AGENCY | | |
| POSITION TITLE | RESIGNATION EFFECTIVE | DATE | TIME |
| EMPLOYEE PERSONNEL NUMBER | EMPLOYEE SIGNATURE | DATE | TIME |

PART B Appointing Authority Acceptance and Agency Comments

| | | |
|----------------------------------|------|------|
| ACCEPTED BY APPOINTING AUTHORITY | DATE | TIME |
| AGENCY COMMENTS BY | DATE | |
| | | |

THIS FORM SHOULD NOT BE USED FOR THE FOLLOWING REASONS: DEATH, DISMISSAL, NON-DISCIPLINARY REMOVAL, LAYOFF, SEPARATION FROM PROBATION, OR TERMINATION OF TEMPORARY APPOINTMENT ENDED BY THE APPOINTING AUTHORITY