

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)**

<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

--

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