



Resignation from Agency

Employee Name (Printed): _____

Date: _____ Phone: _____

Current Supervisor: _____

Current individual/setting supported: _____

My last day in this position will be: _____

Please circle:

Current Status: Full-time Part-time

Current Position: DSP Other _____

Employee Signature: _____

Supervisor Signature: _____

Is employee eligible for rehire? _____ (Supervisor should complete)

Human Resources Director: _____

To Resign from Agency

_____ Resignation from Options My final day at Options will be*: _____

Reason for leaving, please circle all that apply:

- | | | | |
|-----------------------------|----------------------------------|------------------|--------------------|
| Other job in same field | Other job in different field | Better pay | Better benefits |
| Better schedule/ more hours | School schedule/responsibilities | Graduating | Moving from area |
| Customer left agency | Job stress/burnout | Work environment | Career Advancement |

Other _____

Options would like feedback from you about your work experience with the agency. Please contact Barbara Sandage at 332-9615, extension 207 to schedule your exit interview.

*If you are terminating employment with Options, you must provide at least 3 weeks notice to your supervisor to be considered eligible for re-hire or for a payout of any Paid Time off hours you are eligible to receive.

Revised 4-09

Office use:

Exit interview completed _____

Insurance deductions stopped _____

PTO paid out (if applicable) _____

PAF completed _____

Insurance terminated _____