

# TERMINATION

STATE OF MAINE  
BUREAU OF HUMAN RESOURCES

EFFECTIVE DATE

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COMPANY #	DEPARTMENT	ORGANIZATIONAL UNIT
ADMINISTRATIVE UNIT	UNIT DIVISION	EMPLOYEE NAME AND NUMBER
CLASS CODE	CLASS TITLE	POSITION NUMBER

## EMPLOYEE RESIGNATION

<i>I HEREBY RESIGN FROM MAINE STATE SERVICE OF MY OWN FREE WILL AND WITHOUT COERCION.</i>		
EMPLOYEE SIGNATURE	DATE SIGNED	EFFECTIVE DATE
COMMENTS:		

## SUPERVISOR'S REPORT

SIGNATURE	EXIT INTERVIEW DATE	DATE LAST PERFORMANCE APPRAISAL
TERMINATION CODE	TERMINATION REASON	
REHIRE RECOMMENDATION AND COMMENTS		

## APPROVALS

DEPARTMENT	DATE	BUREAU OF HUMAN RESOURCES	DATE

## EXIT SURVEY

The State now has an anonymous **Exit Survey** that we encourage you to fill out after your employment.

Please visit this link <https://www.surveymonkey.com/s/MaineStateEmployeeExitInterview>

BHR Copy       Agency Copy       Employee Copy