Federal Programs Personnel Withdrawal Packet *Form 1 of 2*

Name of Employee:			
Employee I.D. #:		Withdrawal Date:	
School:			
Reason: Check one:			
Transferring:	New Funding Source: _		
	New School:		
	OR		
0	On Leave Retired	ResignedTermin	ated

FORM 2 OF 2, SEMIANNUAL CERTIFICATION FORM, MUST BE SUBMITTED WITH TERMINATION FORM TO THE FEDERAL PROGRAMS DEPT. WITH ORIGINAL SIGNATURE. ANY QUESTIONS PLEASE CALL 217-4170.

Principal's Signature

Date

FP 100-3A

Director of Federal Programs Signature

Date