ATTACHMENT B

APPROVAL FORM FOR SELF-SELECT VOLUNTARY SEPARATION PROGRAM

Requester's Name: _____
(Print Last Name, First Name, MI)

Requester's I.D.#: _____

Division/Section/Center (D/S/C) Head

I recommend that this self-selection request for voluntary separation be:
□ **APPROVED** □ **DISAPPROVED**

Justification if Disapproved: _____

_____

Division/Section/Center: _____

D/S/C Head's Name: _____
(Please Print)

D/S/C Head's Signature: _____

Date: _____

Workforce Development and Resources Section Head

This self-selection request for voluntary separation is:
☐ **APPROVED** ☐ **DISAPPROVED**

Justification if Disapproved: _____

_____

WDRS Head Name: **Kay Van Vreede**

WDRS Head Signature: _____

Date: _____