ATTACHMENT C

REVOCATION OF SELF-SELECT VOLUNTARY SEPARATION APPLICATION

RETURN COMPLETED FORM TO: WDRS, Section Office, WH 15 SW

I have read and understand the terms and conditions of the Self-Select Voluntary Separation Program (SSVSP) offered by Fermi Research Alliance, LLC. With full understanding, I hereby revoke my decision to participate in the SSVSP.

REVOCATION

Employee Name: _____
(Please Print)

Employee ID Number: _____

Division/Section/Center: _____

Employee Signature: _____ **Date:** _____

WDRS Head Signature: _____ **Date:** _____