

Formal Release from Region 6 Faller Roster

I, _____ formally request to be released from
Faller's Name

_____ effective start date: _____
Company's Name MM/DD/YY

My intentions are to work for _____.
New Company's Name

Employee Signature:

Releasing Company Signature:

New Company Signature:

NOTE: Contract Operations or the Contracting Officer may contact both the Releasing Company and New Company to verify.

Please submit form with all signatures to the following:

Email: SM.FS.fact@usda.gov