Request for Removal from Hearing Conservation Program

I am requesting that the following employee(s) be removed as an enrollee in the FNL Hearing Conservation Program. As a supervisor, I understand that once an employee is off the program, I must ensure that he/she is not in a hazardous environment that would require the use of hearing protection devices.

If workplace conditions change and mandate hearing protection use, I may reenroll the employee(s) listed below at any time by contacting the Program Administrator.

EMPLOYEE NAME

EMPLOYEE NUMBER

SUPERVISOR SIGNATURE

DATE

PROGRAM ADMINISTRATOR SIGNATURE

DATE