
Notice of Volunteer/Trainee Action-HQ

Please Print

First Name MI Last Name

Volunteer ID No. Country of Service Training Class No.

For Terminations:

Effective Date: _____

Volunteer/ Trainee (circle one)

- | | |
|--|--|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Medical Separation |
| <input type="checkbox"/> Completion of Service | <input type="checkbox"/> Interrupted Service |
| <input type="checkbox"/> Administrative Separation | <input type="checkbox"/> Death |

For Reinstatements:

Effective Date of Reinstatement: _____

New Projected COS Date: _____

New VAD Code: _____

New Training Class: _____

Note: Enter NTRRN if not attending training again.

Volunteer Forms (Registration, Life Insurance, Privacy Act Waiver, Banking Information):

- Use forms on file
- PCV/T will fill out new forms

Initiated By: _____ _____ _____
Signature and Title Office Date

FOR AGENCY USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED DATE RECEIVED _____ APPROVING FMS _____

PRIVACY ACT NOTICE: This notice is provided under the Privacy Act of 1974, as amended (5 U.S.C. §552a). The information requested is collected under the authority of the Peace Corps Act, 22 U.S.C. §2501 et seq., for the purpose of informing of a notice of volunteer/ trainee action. The information may also be used for routine uses listed in the System of Records Notice PC-22, Financial Management System, available in our electronic reading room at <http://www.peacecorps.gov>. Providing the material herein is completely voluntary, however failure to disclose sufficient information may result in loss of certain benefits.

