

**Appendix P-2**

**Request to Terminate Warrant/Notice of Termination**

TO: \_\_\_\_\_ (Head of Contracting Activity)

FROM: \_\_\_\_\_ (Warrant holder's supervisor)

SUBJECT: Request to terminate warrant/Notice of termination

A. Warrant holder is:

\_\_\_\_\_  
(Name, Title, Series, and Grade)

B. Warrant holder's Work Location:

\_\_\_\_\_  
(Organization/Division/City/State)

C. Warrant holder's phone number, fax number, e-mail address:

\_\_\_\_\_

D. Warrant number and date:

\_\_\_\_\_

Please check the reason for termination of warrant authority

Request to terminate warrant:

\_\_\_ The need for the individual to have a warrant no longer exists.

\_\_\_ Transfer/reassignment of the individual to another office within the Institute.

\_\_\_ Other. Please describe: \_\_\_\_\_

Notice of Termination: (return the original warrant to the HCA office)

\_\_\_ Resignation, retirement, or transfer to another employer.

\_\_\_ Termination. Attach a written description of the circumstances.

\_\_\_ Other. Please describe: \_\_\_\_\_

***(To be completed by the Head of Contracting Activity)***

Approved: \_\_\_\_\_  
(Head of Contracting Activity's Name) (Signature and Date)

Disapproved: \_\_\_\_\_  
(Head of Contracting Activity's Name) (Signature and Date)