



**CPM**

## Participant Withdrawal Form

**Student Name** \_\_\_\_\_ **Agency** \_\_\_\_\_  
*(please type or print)*

**Track Number** \_\_\_\_\_ **Date** \_\_\_\_\_

I wish to withdraw from the Idaho CPM® Program effective (date) \_\_\_\_\_

I am withdrawing from the Program for the following reason(s). *(check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Expanded Work Requirements | <input type="checkbox"/> Not Able to Keep Up with Program  |
| <input type="checkbox"/> Job Change                 | <input type="checkbox"/> Pursuing a Higher Academic Degree |
| <input type="checkbox"/> Transportation             | <input type="checkbox"/> Job Resignation                   |
| <input type="checkbox"/> No Longer Interested       | <input type="checkbox"/> Leaving Government                |
| <input type="checkbox"/> Program Not As Expected    | <input type="checkbox"/> Other (please fill in reason)     |

Comments: *(Your Comments are Important to Us)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to participate in Idaho's CPM® Program in the future. Yes  No

Please contact me at (Phone or E-Mail) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for participating in Idaho's CPM® Program. If we can assist you in any way, or if you have questions, please let us know.*