

**Separate Student**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_   
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Counselor: \_\_\_\_\_

Separation Information	Student Address	Final Pay Address
Projected Separation Date: _____	Address 1: _____	Address 1: _____
Separation Date: <input type="text"/> <input type="button" value="Calendar"/>	Address 2: _____	Address 2: _____
Separation Type: _____	City: _____	City: _____
	State: _____	State: _____

Separation Reason: \_\_\_\_\_  
Readjustment Pay for MSV: \_\_\_\_\_  
Recommendation: \_\_\_\_\_  
Readmit to: \_\_\_\_\_  
Accept Readmission to Same Center: \_\_\_\_\_  
Eligible for Placement: \_\_\_\_\_  
Placement: \_\_\_\_\_

OMB Control Number: 1205-0219

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Public reporting burden for this collection of information, which is required to obtain or retain benefits (29 USC 2881), is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collection of information. This information collection is for program management and Congressional reporting purposes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Job Corps, Room N-4507, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0219).