Request for Removal from Respiratory Protection Program

I am requesting that the following employee(s) be taken off the NCI-Frederick Respiratory Protection 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 a respiratory protective device.

If workplace conditions change and mandate respirator use, I may re-enroll the employee(s) listed below at any time by contacting the Program Administrator.

EMPLOYEE NAME	EMPLOYEE NUMBER

SUPERVISOR SIGNATURE _____ DATE _____

PROGRAM ADMINISTRATOR SIGNATURE _____ DATE _____