



**INDIVIDUAL TRAINING ACCOUNT
 PARTICIPANT TERMINATION REPORT**

1740 PASEO BLVD
 KANSAS CITY, MO 64108

TRAINING INSTITUTION (PLEASE PRINT OR TYPE)

1. TRAINING INSTITUTION

2. INSTITUTION ADDRESS

CITY	STATE	ZIP CODE
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PARTICIPANT DATA

3. NAME OF PARTICIPANT (LAST) (FIRST) (INITIAL)

4. SOCIAL SECURITY NUMBER

5. PROGRAM TITLE FOR WHICH TRAINING WAS GIVEN	6. RECORD NUMBER (AS SHOWN ON ITA FORM)
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ATTENDANCE DATA

7. ATTENDANCE (MO., DAY, YR.) A. FIRST DAY B. LAST DAY

COMPLETION DATA

8. CHECK ONE: Student completed all course objectives. Student did not complete course.	9. CHECK ONE: Student completed program - copies of certificates attached. Student employed - Employer:
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10. CHECK ONE:

I have billed FEC for all the Workforce Development costs associated with this student.

I have **not** billed and do **not** plan to bill FEC for additional costs associated with this student.

I have not billed but plan to bill FEC for additional costs associated with this student.

Explain: _____

I CERTIFY THAT THE INFORMATION REPORTED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNATURE	DATE
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PRINT NAME	TELEPHONE NUMBER
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COPIES OF TERMINATION: (1) File, (1) Fiscal, (2) Referring Office And/Or Local Region