

**U.S DEPARTMENT OF LABOR • Employment and Training Administration**  
**Office of Job Corps**  
**RIGHT TO APPEAL**

*I have been informed of my right to appeal a decision of the Center Director, resulting in dismissal from the program, to the Regional Appeals Board (RAB). I understand that appeals must be made within 30 calendar days of their separation.*

**Student Name**

**Student ID Number**

**Date of Separation**

Check One

I elect: ☐ not to appeal ☐ to appeal for the following reasons: *(If additional space is needed, use reverse)*

**Student's Signature**

**Date**

**Date Appeal Received by Regional  
Office**

(Formerly JC Forms 144C, 144, and ETA 6-131C)