

REVOCATION OF DESIGNATION

Form BIA 4286
Revised March 2017

Accounting Operations



**UNITED STATES DEPARTMENT OF THE INTERIOR
INDIAN AFFAIRS**

DATE:

TO:

FROM:

SUBJECT: Revocation of Designation

Your designation as _____ Collection Officer at the _____ is hereby revoked effective with the close of business on _____. This revocation does not relieve you of your personal financial liability to the Federal Government.

(Signature)

(Title)

ACKNOWLEDGEMENT OF RECEIPT

This is to confirm that I have received this official notification of my revocation as _____ Collection Officer effective with the close of business _____.

(Signature)

(Date)