



Date of request _____

I _____ SPD# _____

Authorize **Connections Case Management** to void

my hours on _____ from _____ to _____

my hours on _____ from _____ to _____

my hours on _____ from _____ to _____

Hours that need voided were:

___ suspended

___ pending not paid

___ paid with a potential PLA (Provider Liability Account)

___ Provider dept. has notified the State of potential PLA

Service delivered ID number(s) _____

Reason why the SDs are being voided:

Customer _____ Prime # _____

X

PSW Signature

Date