

MAYOR MARION S. BARRY SUMMER YOUTH EMPLOYMENT PROGRAM



TERMINATION REQUEST FORM

Enrollee Name: _____ SSN (last four digits): XXX – XX – ____ ____ ____
Host Agency: _____ Date: _____
Worksite Name: _____ Worksite Supervisor: _____
Enrollee's Position: _____

Please check the box indicating the reason for the termination.

- ☐ Falsification of documents (e.g., signing in and out for someone else)
- ☐ Insubordination (e.g., disobeying a supervisor)
- ☐ Disruptive behavior
- ☐ Excessive absences
- ☐ Possession, sale, or use of illegal drugs
- ☐ Harassment (e.g., sexual, verbal, or physical)
- ☐ Theft
- ☐ Other _____

Please provide a detailed explanation supporting the termination request.

DO NOT WRITE BELOW THIS LINE

Termination request has been ____ APPROVED ____ DENIED

Staff Signature _____ Date _____