

# MAYOR MARION S. BARRY, JR.

## 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 \_\_\_\_\_

The Department of Employment Services is an Equal Opportunity Employer/Provider. Language interpretation services are available without cost. Auxiliary aids and services are available upon request for individuals with disabilities.



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR