

SYEP

Mayor Vincent C. Gray's One City Summer Youth Employment Program



TRANSFER 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 worksite transfer.

- Safety issue (e.g., must have a police report, where applicable)
- Health concerns (include a doctor's statement indicating the reason why tasks can't be performed)
- Site closure
- Other _____

Please provide a detailed explanation supporting your transfer request. You may include attachments. Please note that failure to provide supporting documentation regarding your transfer request will result in an immediate rejection.

DO NOT WRITE BELOW THIS LINE

Transfer request has been _____ APPROVED _____ DENIED

_____ has been transferred to _____
 (Youth Name) (Host Agency)

and will report to _____ at _____ on _____
 (Worksite Supervisor) (Worksite Name/Address) (Date)