

# MAYOR MARION S. BARRY, JR.

## 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)