MAYOR MARION S. BARRY, JR. ⁷ SUMMER YOUTH EMPLOYMENT PROGRAM



TRANSFER REQUEST FORM

Participant Name:	
Host Agency:	
Worksite Name:	
Participant's Position:	

SSN (last four digits): XXX - XX - _ _ _ _ Date: _____ Worksite Supervisor: _____

Please check the box indicating the reason for the worksite transfer:

- \Box Safety issue (e.g., must have a police report, where applicable)
- □ Health concerns (include a doctor's statement indicating the reason why tasks cannot 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 bee	n 🗆	APPROVED				
has be (Youth Name)	en trans	ferred to	(Host Age	ency)		
and will report to(Worksite Supervisor)	at	(Worksite	Name/Address)	on	 (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.



WE ARE GOVERNMENT OF THE DISTRICT OF COLUMBIA DC MURIEL BOWSER, MAYOR