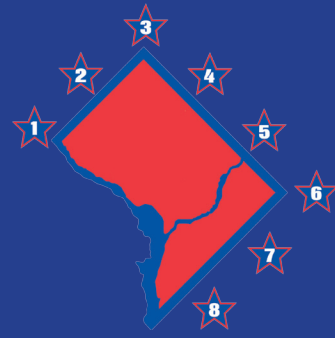


# SYEP 2012

## 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

Termination 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)

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  
 Vincent C. Gray, Mayor  
 Department of Employment Services  
 Lisa María Mallory, Director