

FY18 Community Youth Employment Program

Participant Employment Termination Report

Employee Name: _____

Employer/Worksite: _____

Date of Hire: _____

Date of Termination: _____

The decision to terminate employment was made by: Employee Employer

If the employee chose to terminate employment, please complete this section.

Employee

At least two weeks notice given? No Yes

Did employee provide reason? No Yes _____

If the employer chose to terminate employment, please complete this section.

Employer

Reason for decision to terminate: _____

Name of Employer's Representative: _____

Signature of Employer's Representative: _____

Date: _____