

FY22 Illinois Youth Investment Program
Participant Employment Termination Report
Appendix E

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	<u>Please describe below:</u>

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: _____