

SUMMER EMPLOYMENT PROGRAM FOR YOUTH

**NOTIFICATION OF QUIT OR TERMINATION  
OF PARTICIPANT IN PROGRAM**

Work Site Name: \_\_\_\_\_

Name of participant who left program: \_\_\_\_\_

Last Day of work: \_\_\_\_\_

Reason for leaving:

\_\_\_\_ Termination (Include copy of Participant Disciplinary Report)

\_\_\_\_ Quit – Reason:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Worksite Supervisor: \_\_\_\_\_

Date of Signature: \_\_\_\_\_