SUMMER YOUTH EMPLOYMENT PROGRAM

INTENT TO HIRE INFORMATION FORM

Name of Work Site: _____

Name of Youth to Hire: _____

Youth's Social Security Number: _____

Youth Date of Birth: _____ Youth Age: _____

Is the Youth in High School? ☐ Yes ☐ No
  If yes, when will the youth graduate? _____

Phone/Contact Number for Youth: _____

Youth's Job Title at Worksite: _____

Start Date:_____ End Date:_____(No later than 8/31/2016)

Total Number of Hours to Work per Week: _____

Name of Worksite Supervisor: _____

Phone Number of Worksite Supervisor: _____

For Agency Use Only

Confirmation Date: _____

Date Sent to Payroll: _____

Date Sent to CSEA & IM: _____