

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: \_\_\_\_\_