



TERMINATION REQUEST FORM

Participant Name: _____

SSN (last four digits): XXX - XX - ____

Host Agency: _____

Date: _____

Worksite Name: _____

Worksite Supervisor: _____

Participant's Position: _____

Please check the box indicating the reason for the termination:

- Falsification of documents (e.g., signing in and out for someone)
- Insubordination (e.g., disobeying a supervisor)
- Disruptive behavior
- Excessive absences
- Possession, sale or use of illegal drugs
- Harassment (e.g., sexual, verbal, or physical)
- Theft
- Other _____

Please provide a detailed explanation supporting the termination request.

DO NOT WRITE BELOW THIS LINE

Termination request has been APPROVED DENIED

Staff Signature _____ Date _____