

EMPLOYMENT TERMINATION NOTIFICATION

Interns' Name

Date

Employer

Worksite Supervisor's Name

Termination Type:

Progressive Discipline Termination per Ongoing Communication:
Date of written Warning for Poor Work Performance:

Critical Incident
Incident description:

Your work performance has violated a specific work related expectation (critical incident) or has not improved to an adequate level since the last progressive discipline intervention. As per standards of behavioral expectations defined during new hire employee orientation or per specific discussion of poor performance in a prior meeting with your Worksite Supervisor and CSP staff, you were informed of the importance of expectations related to your work performance and the possible consequences to include termination, therefore:

CSP regrets to inform you that you have been terminated from further work experience participation in the Youth Internship Program as of today's date. You will be paid in full for the hours worked up and to this date in accordance with the normal payroll schedule. Describe next program activity if applicable.

You have been terminated for the following reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Not presenting appropriate appearance | <input type="checkbox"/> Not exhibiting good interpersonal skills |
| <input type="checkbox"/> Problems with Worksite Supervisor | <input type="checkbox"/> Problems with co-workers |
| <input type="checkbox"/> Not completing work tasks effectively | <input type="checkbox"/> Not being punctual |
| <input type="checkbox"/> Poor attendance record | <input type="checkbox"/> Other |

Details as determined necessary:

If you feel you have been wrongly terminated, you have the right to appeal this decision with the CSP Youth Program Manager, and/or follow the defined CSP's Grievance procedures.

SIGNATURES

Interns' Name

Worksite Monitor

Worksite Supervisor

Date