



## Employment Termination Notification

\_\_\_\_\_  
Summer Intern's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Worksite Supervisor's Name

|  |
|--|
| <p><b>Termination Type:</b></p> <p><input type="checkbox"/> Progressive Discipline Termination per Ongoing Communication:<br/>Date of written Warning for Poor Work Performance:</p> <p><input type="checkbox"/> Critical Incident<br/>Incident description:</p> |
|--|

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 orientation or per specific discussion of poor performance in a prior meeting with your Worksite Supervisor and CSP Career Development Specialist, 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 Summer Youth Employment 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

\_\_\_\_\_  
Summer Intern

\_\_\_\_\_  
CSP's Youth Program Manager

\_\_\_\_\_  
Worksite Supervisor

\_\_\_\_\_  
Confirmation of CSP Staff initiated parent/guardian notification (date/time, contacted person):

\_\_\_\_\_  
NOTE: Action must be pre-approved by CSP's Youth Program Manager