

**EAST ALLEN COUNTY SCHOOLS
I.C.E. TRAINING STATION TERMINATION NOTICE**

STUDENT _____ BIRTH DATE _____
 SOCIAL SEC NO. _____ SCHOOL _____
 TRAINING STATION _____ SUPERVISOR'S NAME _____
 TRAINING STATION ADDRESS _____ TS PHONE _____
 TRAINING STATION TITLE _____ STUDENT'S HOURLY WAGE \$ _____

The above mentioned student has been terminated from the training station at _____
 _____ because of the following reason(s):

(Check appropriate reason(s))

- | | |
|---|--|
| <input type="checkbox"/> Excessive Absences | <input type="checkbox"/> Needs more academic training for this job |
| <input type="checkbox"/> Classroom failure | <input type="checkbox"/> Does not cooperate with co-workers |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

(Use back if additional space is needed)

This action will result in recommendation for:

- Loss of credit for I.C.E. Class I.C.E. Training Station None
 Other _____

As a result of this termination, the above mentioned student will be:

- Withdrawn from I.C.E. Given a new training station, if available
 Other: _____

It is suggested that the student not be allowed to work at this training station until after the current school year has ended.

I FULLY UNDERSTAND THE ABOVE CONDITIONS AND AGREE TO COOPERATE FOR THE BEST INTEREST OF THE STUDENT.

Student Signature	Date
Employer Signature	Date
I.C.E. Coordinator Signature	Date