

**PRODUCTIVE LIVING BOARD
SHELTERED WORKSHOP
TRAINING/DEVELOPMENT PROGRAM
DISCHARGE SUMMARY**

Employee Name: _____

Date of Hire: _____ Date Discharged from Program: _____

Reason for Discharge:

- The employee has achieved all of the training/development program goals and objectives and has been offered general workshop employment.
- The employee has unsuccessfully participated in program for one year/12 months.
- The employee has been referred to a more appropriate program.
- The employee was not eligible for program at the beginning. (Incorrect information)
- The employee is no longer eligible for the program. (List the reason)
- The employee/guardian refuses the employee's participation in the program.
- The employee has been terminated from employment.

Additional comments concerning the discharge:

Training Coordinator's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____