

**Mississippi Department of Human Services  
Division of Youth Services  
OYDC**

**Workforce Suspension/Termination**

Date:

Name of Student:

Stage:

Risk Level:

Counselor Making Recommendation:

Reason for Recommendation (include specific details concerning behavior(s) and/or incident(s) warranting potential suspension/termination):

- Major Violation in Past 30 days                       Two Minor Violations or more in Past 30 days
- Other: \_\_\_\_\_

Selection Committee Meeting Date:

Selection Committee Comments:

Student Recommended for Suspension:                       YES                       NO

Recommended Length of Suspension: \_\_\_\_\_

Student Recommended for Termination:                       YES                       NO

Approved by Majority Vote of Selection Committee:                       YES                       NO

Selection Committee Signatures:


Facility Administrator Approval:                       YES                       NO

Facility Administrator Signature:

Date: