



**SKILLS BUILDING INCENTIVE PROGRAM
YOUTH NOTIFICATION**

DATE:

TO: (Youth Name / Client ID#)

FROM: (Name)
Program Coordinator

SUBJECT: Application of Employment
Job Announcement Position: _____

_____ You have been selected to participate in the Skills Experience Incentive Program on the _____ job site beginning on _____.

_____ You have not been selected to participate in the Skills Building Experience Incentive Program for the following reason(s):

Please consider re-applying for this position or another position at a future date.

COMMENTS:

Skills Building Program Coordinator

Date

Original to: Skills Building Program Coordinator

Copies to: Worksite Supervisor
Case Manager
Group Leader
Parent/Guardian (off-campus only)
Youth Portfolio