



**NORTH CAROLINA**  
**Senior Community Service Employment Program**

**Right of Return for Unsubsidized Employment**

*This form to be completed when Unsubsidized Employment does not last 30 days.*

Sub Grantee: \_\_\_\_\_

Name: \_\_\_\_\_

PID#: \_\_\_\_\_

**Previous Training Site Location**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Training Partner: \_\_\_\_\_

Training Site Name/Department: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**Current Training Site Location**

Start Date: \_\_\_\_\_

Training Partner: \_\_\_\_\_

Training Site Name/Department: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Oct 2014