



**2010 SUMMER YOUTH EMPLOYMENT PROGRAM
PARTICIPANT START AUTHORIZATION FORM**

Contractor: _____

Participant Name: _____

Social Security Number: _____

is authorized to start at:

Agency/Program: _____

Date: _____

**Participant is NOT ELIGIBLE for services covered under the City of
Pittsburgh Agreement until the aforementioned date.**

City Staff Signature: _____

Date: _____