

**UnitedHealthcare Community Plan  
Arizona Self-Directed Attendant Care (SDAC) Service Option**

**Notice of Discontinued Employment**

The purpose of this form is to provide notice of the end of an employment agreement between the Member/Employer and the Employee/Attendant. This form provides an opportunity to document the reasons(s) for the termination of employment.

This form can be completed individually by the Employer, or by both parties.

Employer Name:	AHCCCS ID:
Attendant Name:	
PPL Attendant ID (if available):	
<b>DATE EMPLOYMENT ENDED:</b>	

Please select the option below that best explains the reason for ending the employment agreement between the two parties:

<input type="checkbox"/> Worker quit due to dissatisfaction with SDAC program	<input type="checkbox"/> Worker was let go due to performance issues
<input type="checkbox"/> Worker quit due to dissatisfaction with pay	<input type="checkbox"/> Worker was let go due to member dissatisfaction
<input type="checkbox"/> Worker quit due to scheduling issues	<input type="checkbox"/> Worker was let go due to scheduling issues
<input type="checkbox"/> Worker quit for unknown reasons	<input type="checkbox"/> Member was disenrolled from the SDAC program
<input type="checkbox"/> Other	

Employer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please fax or mail completed form to PPL at:  
1-866-205-4334 or 7776 S. Point Pkwy West, STE #150, Phoenix, AZ 85044

*A copy will be kept on file. If the Employee/Attendant cannot or will not sign, the Member should sign, date, and return this form without the Employee/Attendant's signature.*