

**Georgia DBHDD NOW & COMP Waiver Programs
FINANCIAL MANAGEMENT SERVICES
Notice of Discontinued Employment**

The purpose of this form is to provide notice of the end of an employment agreement between the Consumer/Employer and the Employee. 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: _____ CID: _____

Employee Name: _____

PPL Employee ID (if available): _____

DATE EMPLOYMENT ENDED:

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

<input type="checkbox"/>	Employee quit due to dissatisfaction with NOW / COMP Program	<input type="checkbox"/>	Participant is no longer enrolled in the NOW / COMP Program
<input type="checkbox"/>	Employee quit due to dissatisfaction with pay	<input type="checkbox"/>	Employee was let go due to Employer dissatisfaction
<input type="checkbox"/>	Employee quit due to scheduling issues	<input type="checkbox"/>	Employee was let go due to scheduling issues
<input type="checkbox"/>	Employee quit for unknown reasons	<input type="checkbox"/>	Employee was let go due to performance issues
<input type="checkbox"/>	Other (Please Specify) :		

Employer Signature: _____ Date _____

Employee Signature: _____ Date _____

Please fax or email completed form to PPL at:
(866) 461-0195 or PPLGADDD@pcgus.com

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