

Use this form to notify PCG Public Partnerships when an employee will no longer be working for you. Please submit this form to us within 48 hours of termination. List the date and reason why the employee is no longer employed. The information you provide on this form will help us determine whether the employee is eligible for unemployment benefits.

Individual Information		
Individual Name:		Individual DDD Id: _____
Street Address:		Apt./Unit/Suite
City:	State:	Zip Code:
Phone:		E-mail:

Employee Information		
Employee Name:		Employee PPL Id: PONJD _____
Street Address:		Apt./Unit/Suite
City:	State:	Zip Code:
Phone:		E-mail:

Termination Information		
Termination Status:	<input type="checkbox"/> Voluntary Termination	<input type="checkbox"/> Involuntary Termination
Last Day of Employment:	___ / ___ / _____	
Employment Status:	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time
Average Work Schedule:	Hours Per Day _____	Hours Per Week _____
Reason for Separation from Employment (check one):	<input type="checkbox"/> Work abandonment: Employee failed to report for work for ___ consecutive days. <input type="checkbox"/> Employee quit w/ verbal notice <input type="checkbox"/> Employee quit w/ written notice	
	<input type="checkbox"/> Employer no longer had work available for employee at time of separation (lay-off) <input type="checkbox"/> Employee dismissed (fired)	

X

 Employer of Record (EOR) Signature Printed Name Date (mm/dd/yyyy)

This form and its attachments can be e-mailed to njddd@pcgus.com; faxed to 1-844-561-5978; or, mailed to Public Partnerships, LLC, Attention: NJ DDD, PO Box 51477. Phoenix, AZ 85076-1477