

Separation of Employment Form Instructions

The Common Law Employer (CLE) must complete and submit a Separation of Employment form, to Public Partnerships LLC (PPL) when a qualified DCW stops working for the CLE voluntarily or is terminated by the CLE.

Qualified DCW Termination Notice

1. **Participant Information:** Print or type the name, ID #, address, and phone number of the participant
2. **Qualified DCW Information:** Print or type the name, ID#, address, and phone number of the qualified DCW in the spaces provided.
3. **Termination Date:** Report the date the qualified DCW was terminated in the space provided.
4. **Reason for Separation from Employment:** Select a reason for the separation.
5. **Final Timesheet Submission:** Indicate if the final timesheet for terminated employee was submitted.
6. **Employee's Forwarding Address:** Provide a forwarding address for the employee (if applicable).
7. **Details of the Events:** Describe, in detail, the reason for the separation in the space provided.
8. **Participant/Employer Name:** Please print or type the CLE's name in the space provided.
9. **Participant/Employer Signature and Date:** The CLE must sign and date the form in the space provided.

	
Separation of Employment	
<small>Use this form to notify Public Partnerships LLC when an employee will no longer be working for you. Please submit this form to us within 24 hours of termination. List the date and reason why the employee is no longer employed. The information provided on this form will help determine whether the employee is eligible for unemployment benefits.</small>	
Participant/Employer Name:	Participant/Employer ID:
Employee Name:	Employee ID:
Last day employee <i>physically</i> worked:	Reason for separation (select one): <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off
Did you attach a final timesheet for terminated employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please send with final timesheet if employee has been terminated.	
Employee's Forwarding Address (if applicable):	
Details of the Events <small>(Please give a brief description of the conversation you had with the employee on the day of the separation)</small>	
Participant/Employer Name (Print):	
Participant/Employer Signature:	Date:

Next Steps

Once the CLE has completed the form, and either the qualified DCW or the CLE has signed and dated the form, as appropriate, it should be submitted to PPL within 24hrs of termination. List the date and reason why the direct care worker is no longer employed. The information provided on this form will help determine whether the direct care worker is eligible for unemployment benefits.

If you have any questions, please contact customer service at 1-877-908-1750.