

Employee Termination Form

Use this form to notify Public Partnerships 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.

Please Check One: Voluntary Termination Involuntary Termination

PARTICIPANT INFORMATION		
Participant Name:		Participant PPL ID:
Address:		
City:	State:	Zip Code:
Phone Number:		

EMPLOYEE INFORMATION		
Employee Name:		Employee PPL ID:
Address:		
City:	State:	Zip Code:
Phone Number:		

Last Date of Employment: ____/____/____

Employment Status: Part Time Full Time

Number of Hours Usually Worked: Per Day_____ Per Week_____

Reason for Separation from Employment:

- Employee failed to report for work for ____ consecutive days
- Employee quit with verbal notice
- Employee quit with written notice
- Employer no longer had work available for employee at time of separation (lay-off)
- Employee dismissed (fired)

Participant/Employer Name: _____

Participant/Employer Signature: _____

Date: _____