

Separation of Employment Form

Public Partnerships, LLC
 CA GGRC Program
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Purpose: The purpose of this form is to better document terminations and other separation of employment situations. It also facilitates in a more accurate way of processing unemployment claims and allows PPL to have a better understand the details of the working arrangement.

Worker Name:	PPL Worker Number:
Participant Name:	Participant ID:
Last day worker <i>physically</i> worked:	
Reason for separation (circle only one) Quit Fired Laid off	
Did you attach a final timesheet for terminated workers? (circle one) Yes No Please send with final timesheet if worker has been terminated.	
Worker's forwarding address: (If applicable)	

Details of the Events

(Please give a brief description of the conversation you had with the worker on the day of the separation)

Employer Name (print):	
Employer signature	Date

***Please fax (855-867-1676) or mail completed and signed forms to: Public Partnerships, LLC**