



# SEPARATION OF EMPLOYMENT FORM

## Employee Name

First:  Last:  PPL ID:

## Consumer Name

First:  Last:  PPL ID:

## Employer Name (this must be completed)

First:  Last:

Complete this form if an Employee is no longer working for or will no longer work for a Consumer.

## Details

Submitted by:  Consumer or Employer  Representative  Case Manager  Employee

### Separation Date:

### Employee dismissed:

- Attendance issues
- Poor performance
- Schedule issues
- No longer qualified (give details below)
- Other (give reason below)

### Employee (Other)

- Employee quit
- Services no longer available and/or needed
- Leave of Absence
- Other (give reason below)

### Further Details (as needed):

## Employee Mailing

To ensure correct mailing of final paycheck, please provide current mailing address.

### Address:

### Address 2 (APT., STE., etc.):

### City:

### State:

### Zip Code:

## Agree and Sign

I confirm:

- I have read all of this form
- The details given are accurate and complete

### Submitter Name:

### Date:

### Submitter Signature:

### Date: