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EMPOWERING  
PEOPLE'S HEALTH

**West Virginia Personal Options  
Intellectual/Developmental Disabilities Waiver Program  
Notice of Separation from Employment**

Use this form to notify PPL when an employee will no longer be working for you. List the date and reason why the employee is no longer working. This will impact whether the employee is eligible for unemployment benefits. **Important:** employment is "at-will".

<b><u>PARTICIPANT/EMPLOYER</u></b>	
Name:	_____ Participant ID: _____
Address:	_____ _____
Phone:	_____ _____
<b><u>EMPLOYEE</u></b>	
Name:	_____ Employee ID: _____
Address:	_____ _____
Phone:	_____ _____
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
- Employee dismissed (fired) for the following reasons: \_\_\_\_\_
- Employer no longer had work available for employee at time of separation (lay-off)
- Employee Death
- Participant Death

Employer Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

RC Signature: \_\_\_\_\_ Date RC was notified: \_\_\_\_\_

**Employer:**

*Please complete, sign and fax or mail this form to PPL as soon as possible even the employee does not sign. PPL will respond to Department of Labor requests for details of separation. If employee applies for unemployment compensation, do you wish to be notified of a hearing?*

\_\_\_\_ Yes \_\_\_\_ No