

Separation of Employment

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.

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

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

Participant/Employer Name (Print):	
Participant/Employer Signature:	Date:

Please fax this form to PPL at **1-855-858-8158**