



**West Virginia Personal Options
Traumatic Brain Injury 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 employed. This will impact whether the employee is eligible for unemployment benefits. **Important:** employment is "at-will".

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

Employer Signature: _____ **Date:** _____
(Required)

Employee Signature: _____ **Date:** _____
(Optional)

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