



### West Virginia Personal Options 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