

Public Partnerships, LLC
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SEPARATION OF EMPLOYMENT FORM

Purpose: The purpose of this form is to document terminations as well as other separation of employment situations. It also facilitates in a more accurate way of processing unemployment claims and allows PPL to have a better understanding of the details of the working arrangement.

Provider Name:	Provider ID:
Consumer Name:	Consumer ID:
Last day employee <i>physically</i> worked:	
Reason for separation (circle only one) Quit Fired Laid off	
Did you attach a final timesheet for terminated employees? (circle one) Yes No Please send with final timesheet if employee has been terminated.	
Employees 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)

Consumer or authorized representative name (print):	
Consumer or authorized representative signature:	Date:

*Please fax (866-799-9381) or mail completed and signed forms to: **Public Partnerships, LLC IN FSSA, 7776 S Pointe Pkwy W Ste. 150 Phoenix, AZ 85044**