

# EMPLOYEE TERMINATION FORM

Use this form to notify PPL when an Employee will no longer be working for you. Please submit this form to PPL 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.

**Please Check One:**                       Voluntary Termination                       Involuntary Termination

INDIVIDUAL INFORMATION		
<b>Individual Name:</b>		<b>Individual ID #:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number:</b>		

EMPLOYEE INFORMATION		
<b>Employee Name:</b>		<b>Employee ID #:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number:</b>		

**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
- Employer no longer had work available for employee at time of separation (lay-off)
- Employee dismissed (fired) for the following reasons:\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
EMPLOYER/DESIGNATED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE