PCG | Public Partnerships

Supporting Choice. Managing Costs.™

The Common Law Employer (CLE) must complete and submit a *DCW Termination Form*, to Public Partnerships, LLC (PPL) when a qualified DCW stops working for the CLE voluntarily or is terminated by the CLE.

QUALIFIED DCW TERMINATION NOTICE
1. <u>Type of Termination</u>: Check the box that indicates whether the qualified DCW voluntarily stopped working for the CLE or was involuntarily terminated by the CLE.
2. <u>Participant Information:</u> Print or type the name, ID #, address, and phone number of the participant
3. <u>Qualified DCW Information</u>: Print or type the name, ID#, address, and phone number of the qualified DCW in the spaces provided.
4. <u>Termination Date</u>: Report the date the qualified DCW was terminated in the space provided.
5. <u>Employment Status</u>: Report the type (part-time vs. full time) of employment and the approximate number of hours per day and days per week worked.
6. <u>Reason for Separation from Employment</u>: Please describe, in detail, the reason for terminating the employee in the space provided.
7. <u>Common Law Employer's Name:</u> Please print or type the CLE's name in the space provided.
8. <u>Common Law Employer's Signature and Date:</u> The CLE must sign and date the form in the space provided.

Next Steps:

Once the CLE has completed the form, and either the qualified DCW or the CLE has signed and dated the form, as appropriate, it should be submitted to PPL within 24hrs of termination. List the date and reason why the direct care worker is no longer employed. The information provided on this form will help determine whether the direct care worker is eligible for unemployment benefits.

If you have any questions, please contact one of our Customer Service Representatives at 1-877-908-1750.

MAIL FORM TO: PA OLTL
PUBLIC PARTNERSHIPS, LLC
P.O. BOX 1108
WILKES-BARRE, PA 18773-9905

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DCW TERMINATION NOTICE

Use this form to notify PPL when a direct care worker will no longer be working for you. Please submit this form to PPL within 24hrs of termination. List the date and reason why the direct care worker is no longer employed. The information provided on this form will help determine whether the direct care worker is eligible for unemployment benefits.

Please Check One: ☐ Voluntary Termination ☐ Involuntary Termination

Participant Information
Name: _____ **PPL ID: C_____**
Address: _____
Phone: _____

Direct Care Worker Information
Name: _____ **PPL ID: E_____**
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
___ Employer no longer had work available for employee at time of separation (lay-off)
___ Employee dismissed (fired) for the following reasons: _____
_____
_____

Common Law Employer Name (Please print or type)**: _____**

Common Law Employer's Signature: _____ Date:_____

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