



PO Box 13260  
Maumelle, AR 72113

## Worker Employment Separation Notice

When a worker separates from employment, whether terminated or because they resigned, Palco must be notified. Failure to notify Palco of worker's separation increases the chances of fraudulent claims filed on the employer's behalf. These claims may lead to penalties under the U.S. False Claims Act as well as potentially impact the member's participation in their self-direction program.

**Instructions:** Employer, complete this form if the worker named in this document is no longer working for you. This form must be completed to the best of your ability to enable Palco to comply with important state employment laws on your behalf. Submit to Palco within 24 hours of separation. Return it to Palco by fax: 1-877-859-8757, email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or mail: PO Box 13260, Maumelle, AR 72113

### Required Information

Attendant Name (first and last): \_\_\_\_\_ Palco ID: \_\_\_\_\_

Employer Name (first and last): \_\_\_\_\_ Palco ID: \_\_\_\_\_

### Separation Details

Last Day Attendant Worked (mm/dd/yyyy): \_\_\_\_\_

Average Number of Hours Worked Per Day: \_\_\_\_\_ Per Week: \_\_\_\_\_

### Reason(s) for Separation

- ☐ Worker resigned.
- ☐ Worker has stopped reporting to work. Failed to report to work for \_\_\_\_\_ shifts.
- ☐ Worker was terminated for poor attendance.
- ☐ Worker was terminated for poor performance.
- ☐ Worker was terminated for other reason: \_\_\_\_\_

### Signatures

**Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_