



INDIVIDUAL PROVIDER'S LAST DAY OF EMPLOYMENT FORM

To: Home Services Customer

Many of the individual providers working under the Home Services Program (HSP) will apply for unemployment insurance when they are either terminated by the customer or voluntarily leave employment.

To assist us with documentation, please answer the questions below and return this form to your HSP representative on the individual provider's last day of employment.

Please identify the type of individual provider and provide the information requested below:

Check One:

- | | |
|---|--|
| <input type="checkbox"/> Personal Assistant (PA) | <input type="checkbox"/> Certified Nursing Assistant (CNA) |
| <input type="checkbox"/> Licensed Practical Nurse (LPN) | <input type="checkbox"/> Registered Nurse (RN) |

Individual Provider Name: _____

Date of last day worked by individual provider: _____

Customer Name: _____ Case Number: _____

Did the worker leave voluntarily? Yes No

If yes, please indicate the reason: _____

Did you terminate/fire the worker? Yes No

If yes, please indicate the reason: _____

If you terminated the worker, did you talk to the worker about the issue or problem before you fired him or her?

Yes No

Did you give them the opportunity to correct the problem or issue? Yes No

If no, please explain:

Signature of Customer/Guardian/Customer Representative: _____

Date: _____

Please return this form to your HSP representative within 5 days of the individual provider's last day of employment. Thank You.