

NOTICE OF DISMISSAL

Direct Support Worker

Consumer

Worker Identification Number

Medicaid Number

Address

Address

Telephone Number

Telephone Number

_____ is no longer working for me because:
(Direct Support Worker Name)

DSW Quit _____ DSW was Discharged _____ Other _____

Reason DSW **Quit** or was **Discharged**:

PLEASE FILL OUT ALL INFORMATION IF DSW WAS DISCHARGED

What was final incident that led to DSW's discharge: _____

Was the DSW given any verbal or written warnings? Yes _____ No _____
If yes, provide dates and reasons for each warning.

If DSW was discharged due to absenteeism, was claimant given any written warnings?
If yes, provide dates and reasons for each warning.

Was DSW given written notice that future absence may or will result in discharge? *If yes, give dates.*

Was DSW discharged because of the use or sale of alcohol or drugs on the job? *What caused you to suspect the use of alcohol or drugs on the job?*

Is there proof relating to the incident? (Witnesses, signed statement, charges filed, police reports, test results) Yes _____ No _____ *If yes, please provide copy of proof.*

PLEASE FILL OUT IF DSW QUIT

Did the DSW give notice of leaving? Yes _____ No _____ *If yes, what was the effective date of resignation?* _____

What reason did the DSW give for quitting?

Did DSW quit because of medical reasons? Yes _____ No _____ *Did the DSW give you medical proof of his/her inability to perform customary duties?*

Was work available with the DSW's medical restrictions? Yes _____ No _____ *If yes, was the DSW offered this work? Did DSW accept this work? Please explain.*

ADDITIONAL COMMENTS: _____

Last Date DSW Worked: _____

Consumer Signature

Date