

**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?*

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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?

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

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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.*

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ADDITIONAL COMMENTS: \_\_\_\_\_

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Last Date DSW Worked: \_\_\_\_\_

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date