

Employee Change Form Direct: 1.866.252.6871 | Fax: 1.888.272.2236

Submit Form to <u>SDSEmployeeUpdates@fello.org</u>
Open a Customer Service Ticket: <u>https://felloselfdirection.zendesk.com</u>

Website: www.fello.org/selfdirectedservices

Please identify the employee and employer requesting the update				
Employee Name:			Family as Staff	Yes No
Employer Name: Dept #				
Please complete only the sections that apply				
Check All That Apply	Change Type	Data/Documentation Required for Change		Effective Date (Required)
	Name	Previous Legal Name:		
		New Legal Name:		
		Note: Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.		
	Contact Info	Address: Residence Mailing Bo	oth	
		Phone:		
		Email:		
	Service Code	Service Code:Add	d Remove	
		Service Code:Add	d Remove	
		Service Code:Ado	d Remove	
	Pay Rate	Current Hourly Rate: New Hourly Rate	ate:	
		Apply Only to the Following Service Code(s):		
	Other	Please specify:		
By signing below, I have been notified of and agree to the changes being submitted.				
Employee Signature: Date:				ou.
Employer/Authorized Representative Signature: Date:			Date:	