

When an employee leaves employment, even temporarily, the Participant/Employer should complete this form in its entirety within two (2) business days and provide details related to the status change for FMCS updates. This information is important for unemployment insurance purposes.

Please identify the employer and the requested employee data.

Employer Name:	Dept #
Employee Name:	Family As Staff? Yes No
First Day of Work:	Last Day of Work

Hourly Rate of Pay (Please list all current Service Codes/Pay rates):

Please provide the employee's current status, including all details surrounding the status change.

Please attach additional pages as necessary. Thank you!

Check Status	Employee Status	Please Provide the Requested Information
<input type="checkbox"/>	Employee Quit	Provide reason, how notice was given, length of notice, and any other pertinent details. Please provide supplemental pages as necessary.
<input type="checkbox"/>	Employee Discharged/ Separated by Employer	Provide reason, policy violation, dates and details of prior warnings, and written documentation of the final incident. Include name of individual who discharged the employee. Please provide supplemental pages as necessary.
<input type="checkbox"/>	Lack of Work – Permanent or Temporary	Details and expected return date:
<input type="checkbox"/>	Employee Still Working	Provide current status (FT, PT, or as needed). Were hours reduced by the employer or the employee? Did the employee's availability change? Why?
<input type="checkbox"/>	Other	Provide reason/details

By signing below, I attest to the accuracy of the details being provided. I understand that once my employee is separated or inactive, they must submit a new packet and be re-cleared to work.

Employer/Authorized Representative Signature:	Date:
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