

# Important Employee Forms

#### **Understanding the Process**

Review of Employee Change Forms and Termination & Inactivation Forms

**Best Practices for Using Forms** 

Location of Forms & Where to Submit



# What is an Employee Change Form?

Employee Change Form fello. SELF-DIRECTED Direct: 1.866.252.6871 | Fax: 1.888.272.2236 Open a Customer Service Ticket: https://felloselfdirection.zendesk.com Website: www.fello.org/selfdire 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 Data/Documentation Required Effective Dat All That Change Type for Change (Required) Apply 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 Addross: Residence Mailing Both Phone Email: Service Code Service Code Add Remove Service Code bbA Remove Service Code Add Remove Pay Rate Current Hourly Rate: New Hourly Rate: Apply to All Service Codes 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: Employer/Authorized Representative Signature: Date:

- An Employee Change Form is a form a Participant must submit to update an Employee's information.
- Submission of this form is required for Fello to update the information for the Employee



# When is an **Employee Change Form Needed**?

Employee Change Form fello. SELF-DIRECTED Direct: 1.866.252.6871 | Fax: 1.888.272.2236 Open a Customer Service Ticket: https://felloselfdirection.zendesk.com Website: www.fello.org/s Please identify the employee and em Employee Name: Family as Staff Yes Employer Name: Dept # Please complete only the sections that apply Check Data/Documentation Required Effective Dat All That Change Type for Change (Required) Apply 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 Phone Email: Service Code Service Code bbA Remove Service Code bbA Remove Service Code Add Remove Pay Rate Current Hourly Rate: New Hourly Rate Apply to All Service Codes 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: Employer/Authorized Representative Signature: Date:

- If an Employee changes their name, mailing address, email, or phone number
- If an Employee needs a new service code added
- If an Employee needs a rate increase or decrease. NOTE: Maximum rates and rate start dates depend upon the Participant's current budget.



# Who Needs to Sign the Employee Change Form?

Employee Change Form

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fello. SELF-DIRECTED Direct: 1.866.252.6871 | Fax: 1.888.272.2236 Open a Customer Service Ticket: https://felloselfdirection.zendesk.com Website: www.fello.org/selfdire 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 Data/Documentation Required Effective Dat All That Change Type for Change (Required) Apply 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 Both Phone: Email: Service Code Service Code Add Remove Service Code bbA Remove Service Code: Add Remove Pay Rate Current Hourly Rate: New Hourly Rate: Apply to All Service Codes 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: Employer/Authorized Representative Signature: Date:

- Both the Participant (or their authorized representative) and the Employee must sign the change form.
  - This can be done electronically.



#### **Location of the Employee Change Form**

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Employee Change Form fello. SELF-DIRECTED Direct: 1.866.252.6871 | Fax: 1.888.272.2236 Open a Customer Service Ticket: https://felloselfdirection.zendesk.com Website: www.fello.org/self Please identify the employee and employer rec esting the update Employee Name: Family as Staff Yes No Employer Name: Dept # Please complete only the sections that apply Check Data/Documentation Required Effective Dat All That Change Type (Required) for Change Apply 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 Addross: Residence Mailing Both Phone Email: Service Code Service Code Add Remove Service Code bbA Remove Service Code Add Remove Pay Rate Current Hourly Rate: New Hourly Rate: Apply to All Service Codes 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: Employer/Authorized Representative Signature: Date:

All forms and resources are
conveniently located on the "Forms &
Resources" page of our website:
www.fello.org/selfdirectedservices
The Employee Change Form can be
found under the Employee Forms &
Resources section.



## Submitting a Completed Employee Change Form

Employee Change Form

Direct: 1.866.252.6871 | Fax: 1.888.272.2236

fello. SELF-DIRECTED Open a Customer Service Ticket: https://felloselfdirection.zendesk.com Website: www.fello.org/selfdirectedservice 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 Data/Documentation Required Effective Dat All That Change Type for Change (Required) Apply 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 Both Phone: Email: Service Code Service Code Add Remove Service Code Add Remove Service Code: Add Remove Pay Rate Current Hourly Rate: New Hourly Rate: Apply to All Service Codes 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: Employer/Authorized Representative Signature: Date:

Participants can send Employee  $\bullet$ Change Forms for any update to the following email: SDSEmployeeUpdates@fello.org



# **Processing Timelines for Employee Change Forms**

Employee Change Form

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fello. SELF-DIRECTED Direct: 1.866.252.6871 | Fax: 1.888.272.2236 Open a Customer Service Ticket: https://felloselfdirection.zendesk.com Employee Name: Family as Staff Yes Employer Name: Dept # Please complete only the sections that apply Check Data/Documentation Required Effective Dat All That Change Type for Change (Required) Apply 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 Phone Email: Service Cod Service Code bbA Remove Service Code bbA Remove Service Code Add Remove Pay Rate Current Hourly Rate: New Hourly Rate Apply to All Service Codes Apply Only to the Following Service Code(s) Other lease specify: By signing below, I have been notified of and agree to the changes being submitted Employee Signature: Date: Employer/Authorized Representative Signature Date:

- For updated contact information, the change will be made within a week of submission.
- For the addition of service codes, the change will become effective the next pay period after the period in which the form is received. Fello does not process retroactive pay.
- For updated pay rates, please allow one pay period for the update to be made.

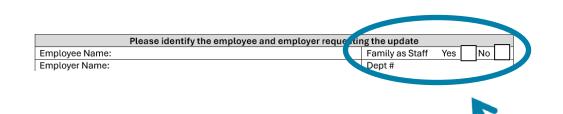


	By signing below, I have been notified of and agree to the changes being submitt							
Employ	/ee Signature:		Date:					
Employ	/er/Authorized Repr	esentative Signature:	Date:					

		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.	

- Be sure both the Participant and the Employee sign the form.
- Fello cannot process a form without both signatures.
- Be sure to include an effective date
- Fello cannot process a form with no effective date





- Be sure Family as Staff is checked if the Employee is the family member of a Participant
- Make sure the code or rate you are modifying is included in your budget. Fello cannot process changes that do not align with the budget.
- If you are adding a code, remember to include the rate.
- If the budget includes a service with a 2:1 staff ratio, you must specify if the service code you are adding is for 1:1 or 2:1 services.



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Apply Only to the Following Service Code(s):

By signing below, I have been notified of and agree to the changes being submitted

Date:

Date:

Other

Employer/Authorized Representative Signature:

Employee Signature:

Please specify:

- If the budget includes Holidays, make sure you specify whether the code being added is for Paid Holiday Off or Holiday Worked.
- If an Employee is to be paid their regular rate of pay for working on a holiday, they would use their regular service code.



Employee Change Form

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Participants should make sure all necessary information is provided.
Missing information will delay processing



# **Employee Separation & Inactivation Form**

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Employee Separation & Inactivation Form fello. SELF-DIRECTED Direct: 1.866.252.6871 | Fax: 1.88.272.2236 Open a Customer Service Ticket:

		employment, even temporarily, the Par					
in its er		business days and provide details relation formation is important for unemploym			updates.		
		ase identify the employer and the requ					
Employer	Name:		Dept#				
Employee	e Name:		Family As Staff?	Yes	No		
First Day			Last Day of Work		_		
		st 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					
	Employee Quit		Provide reason, how notice was given, length of notice, and any other pertinent				
		details. Please provide supplemental					
	Employee Discharged/ Separated by Employer	Provide reason, policy violation, date documentation of the final incident. I the employee. Rease provide supple	nclude name of ind	dividual who disc			
	Lack of Work – Permanent or Temporary	Details and expected return date:					
	Employee Still Working	Provide current status (FT, PT, or as n or the employee? Did the employee's			employer		
	Other         Provide reason/details						
		he accuracy of the details being provid		hat once my emp	l0yee is		
		nust submit a new packet and be re-cle	eared to WORK.	Date:			
Linptoyer	Employer/Authorized Representative Signature: Date:						

This form is submitted by a Participant in either of the following cases:

- An Employee is going to be inactive • for a period not to exceed 18 months
- An employee has resigned or has • been separated from your employment
- Only the Participant needs to sign • this form. This can be done electronically



# **Employee Separation & Inactivation Form**

Employee Separation & Inactivation Form Direct: 1.866.252.6871 | Fax: 1.88.272.2236 Open a Customer Service Ticket: https://felloselfdirection.zendesk.com

When ar	n emplovee leaves e	employment, even temporarily, the Part	ticipant/Employer s	houl	d compl	te this form
	tirety within two (2)	business days and provide details rela formation is important for unemployme	ited to the status cl	hang	e for FMC	
		ase identify the employer and the reque				
Employer			Dept#			
Employee			Family As Staff?		Yes	No
irst Day	of Work:		Last Day of Work			
Hourly Ra	ate of Pay (Please li	st all current Service Codes/Pay rates):				
P		mployee's current status, including all o Please attach additional pages as nece		the s	status ch	ange.
Check Status	Employee Status	Please Provide the Requested Information				
	Employee Quit	Provide reason, how notice was given details. Please provide supplemental			ny other	pertinent
	Employee Discharged/ Separated by Employer	Provide reason, policy violation, dates documentation of the final incident. It the employee. Please provide suppler	nclude name of ind	lividu	al who d	
	Lack of Work – Permanent or Temporary	Details and expected return date:				
	Employee Still Working	Provide current status (FT, PT, or as ne or the employee? Did the employee's				1e employer
	Other	Provide reason/details				
By signing		he accuracy of the details being provid		at on	ce my er	nployee is
e no met-		nust submit a new packet and be re-cle	ared to work			

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This form is needed whenever an employee has requested to be temporarily inactivated or when they have been separated, whether the separation is voluntary or involuntary.
This form should be submitted immediately upon separation or inactivation.



# **Involuntary Separations**

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Employee Separation & Inactivation Form Direct: 1.866.252.6871 | Fax: 1.88.272.2236 Open a Customer Service Ticket: https://felloselfdirection.zendesk.com Website: www.fello.ord/selfdirectedservices

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		employment, even temporarily, the Par			
in its er		) business days and provide details rela formation is important for unemploym			
	Plea	ase identify the employer and the requ	ested employee dat	ta.	
Employer	Name:		Dept#		
Employee	Name:		Family As Staff?	Yes No	
First Day	of Work:		Last Day of Work		
Hourly Ra	ite of Pay (Please li:	st all current Service Codes/Pay rates):			
P		mployee's current status, including all Please attach additional pages as nece		; the status change.	
Check Status	Employee Status	Please Provide the Requested Information			
	Employee Quit	Provide reason, how notice was giver	n. length of notice. a	and any other pertinent	
		details. Please provide supplemental	l pages as necessar	ry.	
	Employee Discharged/ Separated by Employer	Provide reason, policy violation, date documentation of the final incident. the employee. Please provide supple	Include name of ind	lividual who discharged	
	Lack of Work – Permanent or Temporary	Details and expected return date:			
	Employee Still Working	Provide current status (FT, PT, or as n or the employee? Did the employee's			
	Other	Provide reason/details			
		he accuracy of the details being provid		at once my employee is	
		nust submit a new packet and be re-cle	eared to work.		
Employer	/Authorized Repres	sentative Signature:		Date:	

- The following information is required for involuntary separations:
  - Issues leading up to termination
  - Prior warnings (how the warnings were provided; verbal, written, etc.)
  - Documentation of warnings/issues
  - Dates, times, specifics, names of witnesses
  - A written statement describing the specific reason for separation and the final incident which led to separation (can be a separate document included with the separation form)
  - Would they be interested in being a witness, if required, for an unemployment hearing?



# **Voluntary Separations**

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in its en		business days and provide details relation formation is important for unemploym			for FMC	Sup	dates.
		ase identify the employer and the requi					
Employer			Dept#				
Employee	e Name:		Family As Staff?		Yes		No
First Day			Last Day of Work		J .		
		st all current Service Codes/Pay rates):					
Pl	Please provide the employee's current status, including all details surrounding the status change. Please attach additional pages as necessary. Thank you!						
Check	Employee	Please Provide the Requested Information					
Status	Status	-					
	Employee Quit	Provide reason, how notice was giver details. Please provide supplemental			ny other p	Derti	nent
	Employee	Provide reason, policy violation, date	s and details of pri	orwar	nings, ar	nd w	ritten
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	Employee Still Working	Provide current status (FT, PT, or as n or the employee? Did the employee's				ie en	nployer
	Other Provide reason/details						
		he accuracy of the details being provid nust submit a new packet and be re-cle		nat one	ce my en	nploy	/ee is
		entative Signature:		Date			

- The following information is required for voluntary separations:
  - Reason for resignation
  - Was notice provided?
  - Issues leading up to resignation, if applicable
  - Did they leave on good terms?
  - Are they eligible for rehire?
  - Would the employer contest an unemployment claim?
  - Would they be interested in being a witness, if required, for an unemployment hearing?



# **Reasons for Inactivation**

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in its er		) business days and provide details rela formation is important for unemploym			CS updates.		
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Employee			Family As Staff?	Yes	No		
First Day			Last Day of Work		_		
		st all current Service Codes/Pay rates):					
P	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					
Status	Employee Quit	Provide reason, how notice was given	n. length of notice.	and any other	pertinent		
	Employee Quit	details. Please provide supplemental			perchert		
	Employee Discharged/ Separated by Employer	Provide reason, policy violation, date documentation of the final incident. I the employee. Please provide supple	Include name of inc	dividual who			
	Lack of Work – Permanent or Temporary	Details and expected return date:					
	Employee Still Working	Provide current status (FT, PT, or as n or the employee? Did the employee's			the employer		
	Other Provide reason/details						
		he accuracy of the details being provid		nat once my e	mployee is		
		nust submit a new packet and be re-cle	eared to work.	D-t-			
Employer	mployer/Authorized Representative Signature: Date:						

- Summer months when school is not in session
- When college students are away at school
- When an employee is out on medical leave



# DDA Guidance (1/2)

 Employee Separation & Inactivation Form

 Direct: 1.866.252.6871 | Fax: 1.88.272.2236

 Open a Customer Service Ticket: https://felloselfdirection.zendesk.com

ebsite: www.fello.org/selfdirectedservice:

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When a	emplovee leaves	employment, even temporarily, the Par	ticipant/Employer	should complete this fo	rm
	tirety within two (2	) business days and provide details reli formation is important for unemploym	ated to the status c	hange for FMCS update	
		ase identify the employer and the requ			
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First Day			Last Day of Work		
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	lease provide the e	nployee's current status, including all Please attach additional pages as nec	details surrounding	g the status change.	
Check Employee Please Provide the Requested Information					
	Employee Quit	Provide reason, how notice was given details. Please provide supplemental			
	Employee Discharged/ Separated by Employer	Provide reason, policy violation, date documentation of the final incident. the employee. Please provide supple	Include name of inc	dividual who discharged	
	Lack of Work – Permanent or Temporary	Details and expected return date:			
	Employee Still Working	Provide current status (FT, PT, or as n or the employee? Did the employee's			/er
	Other	Provide reason/details			
		he accuracy of the details being provid		nat once my employee is	5
		nust submit a new packet and be re-cle	eared to work.		
Employe	/Authorized Repres	sentative Signature:		Date:	

- Employees can be placed in an inactive status after 6 months of inactivity.
- Inactivation does not separate the employee
  - The inactivation will allow the employee to remain on the employer's payroll without having to go through multiple employee application/onboarding processes.



# DDA Guidance (2/2)

felio. services Open a Customer Service Ticket: https://felioselfdirection.zendesk.com

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Employee			Family As Staff?	Yes	No	
First Day			Last Day of Work			
,		st all current Service Codes/Pay rates):				
P	ease provide the er	mployee's current status, including all	details surrounding	g the statu	s change.	
Please attach additional pages as necessary. Thank you!						
Check Employee Please Provide the Requested Information						
Status	Status	-				
	Employee Quit	Provide reason, how notice was given			her pertinent	
		details. Please provide supplemental	l pages as necessa	ry.		
	Employee	Provide reason, policy violation, date	s and details of pri	or warning	s, and written	
	Discharged/	documentation of the final incident.	include name of ind	dividual wł	ho discharged	
	Separated by	the employee. Please provide supple	mental pages as ne	ecessary.		
	Employer			-		
	Lack of Work –	Details and expected return date:				
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	Temporary					
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Criptoyer	mucionzeu napres	entative olghature.		Date.		

The participant may extend the inactivation period of an employee by up to 12 months via written request (total 18 months inactive) Participants must notify us when they are ready to reactivate their employee.

We are required to confirm that the employee meets the requirements of employment prior to reactivation



#### **Location of the Separation & Inactivation Form**

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Employee Separation & Inactivation Form Direct: 1.866.252.6871 | Fax: 1.88.272.2236

Open a Customer Service Ticket: https://felloselfdirection.zendesk.co Website: www.fello.org/selfdirectedservice

		employment, even temporarily, the Par				
in its en		business days and provide details relation formation is important for unemployme			FMCS up	odátes.
		ase identify the employer and the reque				
Employer	Name:		Dept#			
Employee	Name:		Family As Staff?	Yes	s	No
First Day	of Work:		Last Day of Work			
Hourly Ra	ite of Pay (Please lis	at all current Service Codes/Pay rates):				
Pl	Please provide the employee's current status, including all details surrounding the status change. Please attach additional pages as necessary. Thank you!					э.
Check	Employee					
Status	Status	Please Provide the Requested Information				
	Employee Quit	Provide reason, how notice was given			ther perti	nent
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	Employee Discharged/ Separated by Employer	Provide reason, policy violation, date documentation of the final incident. I the employee. Rease provide supple	nclude name of ind	dividual w		
	Lack of Work – Permanent or Temporary	Details and expected return date:				
	Employee Still Working	Provide current status (FT, PT, or as no or the employee? Did the employee's			by the el	nployer
	Other	Provide reason/details				
		he accuracy of the details being provid nust submit a new packet and be re-cle		nat once n	ny emplo	yee is
		entative Signature:		Date:		

fello. SELF-DIRECTED

All forms and resources are conveniently located on the Forms & Resources page of our website: www.fello.org/selfdirectedservices The Separation form can be found under the Employee Forms & Resources section.



#### Submit a Completed Separation & Inactivation Form

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Employee Separation & Inactivation Form

Direct: 1.866.252.6871 | Fax: 1.88.272.2236

	ntirety within two (2	employment, even temporarily, the P ) business days and provide details r formation is important for unemploy	elated to the status ch	ange	e for FM		
		ase identify the employer and the rec		а.			
	r Name:		Dept#				
	e Name:		Family As Staff?		Yes		No
	of Work:		Last Day of Work				
		st all current Service Codes/Pay rate					
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Check	1	Please attach additional pages as ne	cessary. Thank you!				
Status	Employee Status	Please Provide	the Requested Inform	nati	on		
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	Employee						
	Discharged/ Separated by Employer	Provide reason, policy violation, da documentation of the final inciden the employee. Please provide supp	t. Include name of indi	vidu	al who d		
	Discharged/ Separated by	documentation of the final inciden	t. Include name of indi	vidu	al who d		
	Discharged/ Separated by Employer Lack of Work – Permanent or	documentation of the final inciden the employee. Please provide supp	t. Include name of indi lemental pages as ned	redu	al who dary.	disch	harged

fello. SELF-DIRECTED

Participants can send the completed Employee Termination & Inactivation Form to the following email: SDSEmployeeRelations@fello.org



#### **Best Practices - Separation & Inactivation Form**

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Employee Separation & Inactivation Form Direct: 1.866.252.6871 | Fax: 1.88.272.2236

Open a Customer Service Ticket: <u>https://felloselfdirection.zendesk.co</u> Website: www.fello.org/selfdirectedservice

		employment, even temporarily, the Par				
in its er		business days and provide details rel			CS updates.	
		formation is important for unemploym ase identify the employer and the requ				
Employer		ise identity the emptoyer and the requ	Dept #	ta.		
Employee			Family As Staff?	Yes	No	
First Day			Last Day of Work			
Hourly Ra	te of Pay (Please li	st all current Service Codes/Pay rates):				
P	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				
	Employee Quit	Provide reason, how notice was given, length of notice, and any other pertinent			r pertinent	
		details. Please provide supplementa	i pages as necessà	гу.		
	Employee	Provide reason, policy violation, date	s and details of prie	or warnings, a	and written	
	Discharged/ Separated by Employer	documentation of the final incident. the employee. Please provide supple			discharged	
	Lack of Work – Permanent or Temporary	Details and expected return date:				
	Employee Still Working	Provide current status (FT, PT, or as n or the employee? Did the employee's			the employer	
	Other	Provide reason/details				
		he accuracy of the details being provid		nat once my e	mployee is	
		nust submit a new packet and be re-cle	aared to work.	Detai		
Employe	Employer/Authorized Representative Signature: Date:					

fello. SELF-DIRECTED

Forms should be submitted immediately upon inactivation or termination of an employee. All fields on the form should be completed. Fello requires detailed information in the event the employee claims unemployment

