

Important Employee Forms

What We Will Review Today

Employee Change Forms and Termination & Inactivation Forms

Best Practices for Using Forms

Location of Forms & Where to Submit



What is an Employee Change Form?

fello. SELF-DIRECTED

Employee Change Form

Direct: 1.866.252.6871 | Fax: 1.888.272.2236 Submit Form to SDSEmployeeUpdates@fello.org

	Plea	se identify the employee and employer requesting	the update		_
mployee	Name:		Family as Staff	fes	No
Employer	Name:		Dept #		
		Please complete only the sections that appl	y		
Check All That Apply	Change Type	Data/Documentation Required for Change			tive Date quired)
	Name	Previous Legal Name:			
		New Legal Name:			
		Note: Please provide a copy of your Social Security			
		confirmation. A marriage license CANNOT be accept	pted for		
	Contact Info	confirmation purposes. Address: Residence Mailing Bott	b		
	Contact Into				
		Phone:			
		Email:			
	Service Code		~ _		
		Service Code: Add	Remove		
		Service Code: Add	Remove		
		Service Code: Add	Remove		
	Pay Rate	Current Hourly Rate: New Hourly Rat	e:		
		Apply Only to the Following Service Code(s):			
	Other	Please specify:			
		low, I have been notified of and agree to the chang		ted.	
Employee 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

Direct: 1.866.252.6871 | Fax: 1.888.272.2236

	SERVICE		Employeeopdates@ieilo.or
		Open a Customer Service Ticket: https://fe	fello.org/selfdirectedservice
		Website. www.	leno.org/sendirectedservice
	Plea	se identify the employee and employer requesting the u	update
Employee	e Name:	Family	y as Staff Yes No
Employer	Name:	Dept	+
		Please complete only the sections that apply	
Check		Data/Documentation Required	Effective Date
All That	Change Type	for Change	(Required)
Apply			(
	Name	Previous Legal Name:	
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		New Legat Name.	
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		confirmation. A marriage license CANNOT be accepted for	
		confirmation purposes.	
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	Pay Rate	Current Hourly Rate: New Hourly Rate:	
		Apply Only to the Following Service Code(s):	
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	Other	Please specify:	
	By signing be	low, I have been notified of and agree to the changes be	ing submitted.
Employee	e Signature:		ate:
	0		
Employer	/Authorized Repr	esentative Signature: Da	ate:

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- 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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Direct: 1.866.252.6871 | Fax: 1.888.272.2236

fello. SELF-DIRECTED Submit Form to SDSEmployeeUpdates@fello.org Open a Customer Service Ticket: https://felloselfdirection.zendesk.com Website: www.fello.org/selfdirectedservices Please identify the employee and employer requesting the update res No Employee Name: Family as Staff Employer Name: Dept # Please complete only the sections that apply Check Data/Documentation Required Effective Date 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 Address: Residence Mailing Email Service Code Service Code: Add Remove Service Code Add Remove Service Code: Add Remove Pay Rate Current Hourly Rate: New Hourly Rate 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 \bullet 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

Direct: 1.866.252.6871 | Fax: 1.888.272.2236

	SERVICE		
		Open a Customer Service Ticket: https://felloselfdired	
		Website: www.fello.org/se	eitdirectedservice
	Plea	se identify the employee and employer requesting the update	
Employee		Family as Staff	res No
Employer		Dept #	
cmptoyo	Name.	Please complete only the sections that apply	
Check			
All That	Change Type	Data/Documentation Required	Effective Date
Apply		for Change	(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 Both	
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		Filone.	
		Email:	
	Service Code		
		Service Code: Add Remove	
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		Apply Only to the Following Service Code(s):	
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	Other	Please specify:	
	By signing be	low, I have been notified of and agree to the changes being submi	tted.
Employee	e Signature:	Date:	
	_		
Employer	/Authorized Repr	esentative 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 Submit Form to SDSEmployeeUpdates@fello.org Open a Customer Service Ticket: https://felloselfdirection.zendesk.com Website: www.fello.org/selfdirectedservices Please identify the employee and employer requesting the update res No Employee Name: Family as Staff Employer Name: Dept # Please complete only the sections that apply Check Data/Documentation Required Effective Date 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 Email Service Code Service Code: Add Remove Service Code: Add Remove Service Code: Add Remove Pay Rate Current Hourly Rate: New Hourly Rate 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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Direct: 1.866.252.6871 | Fax: 1.888.272.2236

fello. SELF-DIRECTED Submit Form to SDSEmployeeUpdates@fello.org Open a Customer Service Ticket: https://felloselfdirection.zendesk.com Please identify the employee and employer requesting the update Employee Name: Family as Staff res No Employer Name: Dept # Please complete only the sections that apply Check Data/Documentation Required Effective Date All That Change Type for Change (Required) Apply Name Previous Legal Name New Legal Nat 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 Email Service Code Service Code Service Code Add Removel Service Code: Add Remove Pay Rate Current Hourly Rate New Hourly Rate 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:

For updated contact information, the change will be made within a week of submission.

- For the addition of service codes, \bullet please allow two business days.
- For updated pay rates, the change \bullet will become effective the next pay period after the period in which the form is received. Fello does not process retroactive pay.



By signing below, I have been notified of and agree to the changes being submitted.						
Employee	e Signature:			Date:		
Employer	/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



Submit Form to SDSEn

Employee Change Form

Direct: 1.866.252.6871 | Fax: 1.888.272.2236

Open a Customer Service Ticket: https://felloselfdirection Website: www.fello.org/selfdire						
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	Plea	se identify the employee and employer requesting the u	update			
Employee			ly as Staff	res	No	
Employer	Name:	Dept	#		-	
		Please complete only the sections that apply				
Check All That Apply	Change Type	Data/Documentation Required for Change		Effective Da (Required)		
	Name	Previous Legal Name:				
		New Legal Name:	Ifor			
		confirmation. A marriage license CANNOT be accepted f confirmation purposes.				
	Contact Info	Address: Residence Mailing Both				
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		Phone:				
		Email:				
	Service Code					
		Service Code: Add Re	emove			
		Service Code: Add Re	emove			
		Service Code: Add Re	emove			
	Pay Rate	Current Hourly Rate: New Hourly Rate:				
		Apply Only to the Following Service Code(s):				
	Other	Please specify:				
	By signing be	low, I have been notified of and agree to the changes be	eing submit	ed.		
Employee	Signature:	D	ate:			
Employer	/Authorized Repr	esentative Signature: Di	ate:			

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- 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.



Employee Change Form

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fello. SELF-DIRECTED Direct: 1.866.252.6871 | Fax: 1.888.272.2236 Submit Form to SDSEmployeeUpdates@fello.org 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 fes No Employer Name: Dept # Please complete only the sections that apply Check Data/Documentation Required Effective Date All That Change Type for Change (Required) Apply Name Previous Legal Name New Legal Nam 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 Email Service Code Service Code Add Remove Service Code Add Remove Service Code: Add Remove Pay Rate Current Hourly Rate: New Hourly Rate 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 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 Fam

fall		RECTED Direct: 1.866.252.6871	Eax: 1 888 272 2236
IUI	O. SELF-DIF	S Submit Form to SDSEmplo	
	Sentice	Open a Customer Service Ticket: https://felloself	
		Website: www.fello.o	rg/selfdirectedservice:
	Plea	se identify the employee and employer requesting the update	
Employee		Family as St	
Employer	Name:	Dept #	
		Please complete only the sections that apply	
Check		Data/Documentation Required	Effective Date
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	
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		Phone:	
		Email:	
	Service Code		
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	Pay Rate	Current Hourly Rate: New Hourly Rate:	
		Apply Only to the Following Service Code(s):	
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	Other	Please specify:	
malaura		low, I have been notified of and agree to the changes being su	bmitted.
Employee	e Signature:	Date:	
Employer	/Authorized Ren	esentative Signature: Date:	

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



Employee Separation & Inactivation Form

s://felloselfdirection.zendesk.con

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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:

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	Employer Name: Dept #						
Employee	e Name:		Family As Staff?	Yes	No		
First Day			Last Day of Work		_		
		st all current Service Codes/Pay rates):					
P		nployee's current status, including all Please attach additional pages as nece		g the status chan	ge.		
Check Status	Employee Status	Please Provide th	e Requested Info	rmation			
	Employee Quit	Provide reason, how notice was given			rtinent		
		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 needed). Were hours reduced by the employer or the employee? Did the employee's availability change? Why?				
	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 Rate of Pay (Please list 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 th	e Requested Infor	mati	on	
	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
eenemet-		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		ne Requested Infor	rmation
	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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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			Dept#				
Employee	e Name:		Family As Staff?		Yes		No
First Day			Last Day of Work		J .		
		st all current Service Codes/Pay rates):					
Pl		nployee's current status, including all Please attach additional pages as nece		g the s	tatus ch	ange	
Check	Employee		e Requested Info	rmatio	on		
Status	Status		-				
	Employee Quit	Provide reason, how notice was giver details. Please provide supplemental			ny other p	Derti	nent
	Employee	Provide reason, policy violation, dates and details of prior warnings, and written				ritten	
	Discharged/ Separated by Employer	documentation of the final incident. I the employee. Please provide supple				scha	arged
	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	as needed). Were hours reduced by the employer ee's availability change? Why?			nployer	
	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:						

- 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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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			Dept #				
Employee			Family As Staff?	Yes	No		
First Day			Last Day of Work		_		
		st all current Service Codes/Pay rates):					
P		mployee's current status, including all Please attach additional pages as nece		g the status c	hange.		
Check Status	Employee Status		he Requested Info	rmation			
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	Employer/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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	tirety within two (2) business days and provide details rel formation is important for unemploym	ated to the status c	hange for FMCS u		
		ase identify the employer and the requ				
Employe		so identify the emptoyer and the requ	Dept #			
Employe			Family As Staff?	Yes	No	
First Day of Work: Last Day of Work						
		st all current Service Codes/Pay rates)				
	lease provide the e	nployee's current status, including all Please attach additional pages as nec	details surrounding	g the status chang	е.	
Check Status	Employee Status	Please Provide the Requested Information				
	Employee Quit	Provide reason, how notice was gived details. Please provide supplementa			inent	
	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 disch		
	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			mployer	
	Other	Provide reason/details				
		he accuracy of the details being provid		nat once my emplo	oyee is	
		nust submit a new packet and be re-cl	eared to work.	-		
Employe	r/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)

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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.							
		ase identify the employer and the requ					
Employer Name: Dept #							
Employee			Family As Staff?	Y	eS	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	Employee	Please Provide the Requested Information					
Status	Status		-				
	Employee Quit	Provide reason, how notice was given			other pe	rtinent	
		details. Please provide supplemental	pages as necessa	ry.			
	Employee	Provide reason, policy violation, date	s and details of pri	or warnir	ngs, and	written	
	Discharged/	documentation of the final incident.	nclude name of ind	dividual v	who diso	charged	
	Separated by	the employee. Please provide supplemental pages as necessary.					
	Employer						
	Lack of Work –	Details and expected return date:					
	Permanent or						
	Temporary						
	Employee Still	Brouida austant status (FT BT or so p	d d) W-r bour	reduce	d by the	- mplou-r	
	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?					
	working	or the employee? Did the employee's	avaitability change	ar wriyr			
	Other	Provide reason/details					
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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:							
Employer	Employer/Addionized Representative Signature.						

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

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	Employee	7V00					
Status	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	hagas as uecessa	, y.			
	Employee Discharged/ Separated by Employer	Provide reason, policy violation, date documentation of the final incident. I the employee. Rease provide supple	nclude name of in	dividua	l who dis		
	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				e employer	
	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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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

in its entiret	y within two (2)	employment, even temporarily, the Par business days and provide details relation is important for unemploym	ated to the status cha	ange	o for FM		
		ase identify the employer and the requ					
Employer Nar		iou iuuriai y are emptoyer ona ara raqu	Dept#				
Employee Na			Family As Staff?		Yes	No	
irst Day of W			Last Day of Work				
		st all current Service Codes/Pay rates):					
	provide the er	nployee's current status, including all Please attach additional pages as nec	details surrounding t	he s	tatus cl	hange.	
	Employee		e Requested Inforn	natio	on		
Status	Status	Denid a seen beneration and de				a atia at	
	ployee Quit	Provide reason, how notice was giver details. Please provide supplemental			iy otrief	perunent	
Dis	ployee charged/	Provide reason, policy violation, date documentation of the final incident.					
	parated by ployer	the employee. Please provide supple				dischärged	
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fello. SELF-DIRECTED

Participants can send the completed Employee Separation & 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: ://felloselfdirection.zendesk.co

		employment, even temporarily, the Par					
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		ase identity the emptoyer and the requ	Dept #	td.			
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 th	Please Provide the Requested Information				
	Employee Quit	Provide reason, how notice was giver	n, length of notice, a	and any othe	r pertinent		
		details. Please provide supplementa	i pages as necessà	гу.			
	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			
	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					
	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:							
Employer	Autorized Repres	sentative oignature.		Date.			

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Forms should be submitted • immediately upon inactivation or separation of an employee. All fields on the form should be completed. Fello requires detailed

information in the event the employee claims unemployment



Questions?

