

**fello.** SELF-DIRECTED  
SERVICES



# 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 SERVICES

**Employee Change Form**  
 Direct: 1.866.252.6871 | Fax: 1.888.272.2236  
 Submit Form to [SDSEmployeeUpdates@fello.org](mailto:SDSEmployeeUpdates@fello.org)  
 Open a Customer Service Ticket: <https://felloselfdirection.zendesk.com>  
 Website: [www.fello.org/selfdirectedservices](http://www.fello.org/selfdirectedservices)

Please identify the employee and employer requesting the update			
Employee Name:		Family as Staff <input type="checkbox"/> Yes <input type="checkbox"/> 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)
<input type="checkbox"/>	<b>Name</b>	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.	
<input type="checkbox"/>	<b>Contact Info</b>	Address: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing <input type="checkbox"/> Both _____ _____ Phone: _____ Email: _____	
<input type="checkbox"/>	<b>Service Code</b>	Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/>	
<input type="checkbox"/>	<b>Pay Rate</b>	Current Hourly Rate: _____ New Hourly Rate: _____ Apply Only to the Following Service Code(s): _____	
<input type="checkbox"/>	<b>Other</b>	Please specify: _____	
<b>By signing below, I have been notified of and agree to the changes being submitted.</b>			
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?

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Please complete only the sections that apply			
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<input type="checkbox"/>	<b>Service Code</b>	Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/>	
<input type="checkbox"/>	<b>Pay Rate</b>	Current Hourly Rate: _____ New Hourly Rate: _____ Apply Only to the Following Service Code(s): _____	
<input type="checkbox"/>	<b>Other</b>	Please specify: _____ _____	
<b>By signing below, I have been notified of and agree to the changes being submitted.</b>			
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?

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Employer Name:		Dept #	
Please complete only the sections that apply			
Check All That Apply	Change Type	Data/Documentation Required for Change	Effective Date (Required)
<input type="checkbox"/>	<b>Name</b>	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.	
<input type="checkbox"/>	<b>Contact Info</b>	Address: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing <input type="checkbox"/> Both _____ _____ Phone: _____ Email: _____	
<input type="checkbox"/>	<b>Service Code</b>	Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/>	
<input type="checkbox"/>	<b>Pay Rate</b>	Current Hourly Rate: _____ New Hourly Rate: _____ Apply Only to the Following Service Code(s): _____	
<input type="checkbox"/>	<b>Other</b>	Please specify: _____	
<b>By signing below, I have been notified of and agree to the changes being submitted.</b>			
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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Please identify the employee and employer requesting the update			
Employee Name:		Family as Staff <input type="checkbox"/> Yes <input type="checkbox"/> 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)
<input type="checkbox"/>	<b>Name</b>	Previous Legal Name: _____ New Legal Name: _____ <b>Note:</b> Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.	
<input type="checkbox"/>	<b>Contact Info</b>	Address: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing <input type="checkbox"/> Both _____ _____ Phone: _____ Email: _____	
<input type="checkbox"/>	<b>Service Code</b>	Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/>	
<input type="checkbox"/>	<b>Pay Rate</b>	Current Hourly Rate: _____ New Hourly Rate: _____ Apply Only to the Following Service Code(s): _____	
<input type="checkbox"/>	<b>Other</b>	Please specify: _____ _____	
<b>By signing below, I have been notified of and agree to the changes being submitted.</b>			
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](http://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**  
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Please identify the employee and employer requesting the update			
Employee Name:		Family as Staff <input type="checkbox"/> Yes <input type="checkbox"/> 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)
<input type="checkbox"/>	<b>Name</b>	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.	
<input type="checkbox"/>	<b>Contact Info</b>	Address: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing <input type="checkbox"/> Both _____ _____ Phone: _____ Email: _____	
<input type="checkbox"/>	<b>Service Code</b>	Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/>	
<input type="checkbox"/>	<b>Pay Rate</b>	Current Hourly Rate: _____ New Hourly Rate: _____ Apply Only to the Following Service Code(s): _____	
<input type="checkbox"/>	<b>Other</b>	Please specify: _____	
<b>By signing below, I have been notified of and agree to the changes being submitted.</b>			
Employee Signature: _____		Date: _____	
Employer/Authorized Representative Signature: _____		Date: _____	

- Participants can send Employee Change Forms for any update to the following email:  
[SDSEmployeeUpdates@fello.org](mailto:SDSEmployeeUpdates@fello.org)

# Processing Timelines for Employee Change Forms

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Employee Name:		Family as Staff <input type="checkbox"/> Yes <input type="checkbox"/> 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)
<input type="checkbox"/>	<b>Name</b>	Previous Legal Name: _____ New Legal Name: _____ <small>Note: Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.</small>	
<input type="checkbox"/>	<b>Contact Info</b>	Address: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing <input type="checkbox"/> Both _____ _____ Phone: _____ Email: _____	
<input type="checkbox"/>	<b>Service Code</b>	Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/>	
<input type="checkbox"/>	<b>Pay Rate</b>	Current Hourly Rate: _____ New Hourly Rate: _____ Apply Only to the Following Service Code(s): _____	
<input type="checkbox"/>	<b>Other</b>	Please specify: _____ _____	
<b>By signing below, I have been notified of and agree to the changes being submitted.</b>			
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, please allow two business days.
- For updated pay rates, the change will become effective the next pay period after the period in which the form is received. Fello does not process retroactive pay.

# Best Practices - Employee Change Form

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

Please complete only the sections that apply		
Check All That Apply	Change Type	Data/Documentation Required for Change
<input type="checkbox"/>	Name	Previous Legal Name: _____ New Legal Name: _____ <b>Note:</b> Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.

Effective Date (Required)

- 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

# Best Practices - Employee Change Form

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Please identify the employee and employer requesting the update			
Employee Name:		Family as Staff <input type="checkbox"/> Yes <input type="checkbox"/> 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)
<input type="checkbox"/>	<b>Name</b>	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.	
<input type="checkbox"/>	<b>Contact Info</b>	Address: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing <input type="checkbox"/> Both _____ _____ Phone: _____ Email: _____	
<input type="checkbox"/>	<b>Service Code</b>	Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/> Service Code: _____ Add <input type="checkbox"/> Remove <input type="checkbox"/>	
<input type="checkbox"/>	<b>Pay Rate</b>	Current Hourly Rate: _____ New Hourly Rate: _____ Apply Only to the Following Service Code(s): _____	
<input type="checkbox"/>	<b>Other</b>	Please specify: _____	
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Employee Signature:		Date:	
Employer/Authorized Representative Signature:		Date:	

- 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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Employer Name:		Dept #	
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Check All That Apply	Change Type	Data/Documentation Required for Change	Effective Date (Required)
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<input type="checkbox"/>	<b>Contact Info</b>	Address: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing <input type="checkbox"/> Both _____ _____ Phone: _____ Email: _____	
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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.

# Best Practices - Employee Change Form

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Employer Name:		Dept #	
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<input type="checkbox"/>	<b>Other</b>	Please specify: _____	
<b>By signing below, I have been notified of and agree to the changes being submitted.</b>			
Employee Signature:		Date:	
Employer/Authorized Representative Signature:		Date:	

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

# 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>

Website: [www.fello.org/selfdirectedservices](http://www.fello.org/selfdirectedservices)

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
---	-------

- 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 12 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

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Please identify the employer and the requested employee data.

Employer Name:	Dept #
Employee Name:	Family As Staff? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
---	-------

- 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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 Website: [www.fello.org/selfdirectedservices](http://www.fello.org/selfdirectedservices)

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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"/>	<b>Employee Quit</b>	Provide reason, how notice was given, length of notice, and any other pertinent details. Please provide supplemental pages as necessary.
<input type="checkbox"/>	<b>Employee Discharged/ Separated by Employer</b>	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"/>	<b>Lack of Work – Permanent or Temporary</b>	Details and expected return date:
<input type="checkbox"/>	<b>Employee Still Working</b>	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"/>	<b>Other</b>	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 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



## Employee Separation & Inactivation Form

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Website: [www.fello.org/selfdirectedservices](http://www.fello.org/selfdirectedservices)

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
---	-------

- 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



## Employee Separation & Inactivation Form

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Please identify the employer and the requested employee data.

Employer Name:	Dept #
Employee Name:	Family As Staff? <input type="checkbox"/> Yes <input type="checkbox"/> 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"/>	<b>Employee Quit</b>	Provide reason, how notice was given, length of notice, and any other pertinent details. Please provide supplemental pages as necessary.
<input type="checkbox"/>	<b>Employee Discharged/ Separated by Employer</b>	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"/>	<b>Lack of Work – Permanent or Temporary</b>	Details and expected return date:
<input type="checkbox"/>	<b>Employee Still Working</b>	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"/>	<b>Other</b>	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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- 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)

**fello.** SELF-DIRECTED SERVICES

**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.org/selfdirectedservices](http://www.fello.org/selfdirectedservices)

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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"/>	<b>Employee Quit</b>	Provide reason, how notice was given, length of notice, and any other pertinent details. Please provide supplemental pages as necessary.
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<input type="checkbox"/>	<b>Employee Still Working</b>	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"/>	<b>Other</b>	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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- 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)

**fello.** SELF-DIRECTED SERVICES

**Employee Separation & Inactivation Form**  
 Direct: 1.866.252.6871 | Fax: 1.88.272.2236  
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Employee Name:	Family As Staff? <input type="checkbox"/> Yes <input type="checkbox"/> 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!

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<input type="checkbox"/>	<b>Lack of Work – Permanent or Temporary</b>	Details and expected return date:
<input type="checkbox"/>	<b>Employee Still Working</b>	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"/>	<b>Other</b>	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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- The participant may extend the inactivation period of an employee by up to 12 months via written request (total 12 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

**fello.** SELF-DIRECTED SERVICES  
 Employee Separation & Inactivation Form  
 Direct: 1.866.252.6871 | Fax: 1.88.272.2236  
 Open a Customer Service Ticket: <https://felloselfdirection.zendesk.com>  
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Please identify the employer and the requested employee data.

Employer Name:	Dept #
Employee Name:	Family As Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Day of Work:	Last Day of Work
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Please provide the employee's current status, including all details surrounding the status change. Please attach additional pages as necessary. Thank you!

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

# Submit a Completed Separation & Inactivation Form

**fello.** SELF-DIRECTED SERVICES  
**Employee Separation & Inactivation Form**  
 Direct: 1.866.252.6871 | Fax: 1.88.272.2236  
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Please identify the employer and the requested employee data.

Employer Name:	Dept #
Employee Name:	Family As Staff? <input type="checkbox"/> Yes <input type="checkbox"/> 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!

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<input type="checkbox"/>	<b>Employee Still Working</b>	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"/>	<b>Other</b>	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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- Participants can send the completed Employee Separation & Inactivation Form to the following email: [SDSEmployeeRelations@fello.org](mailto:SDSEmployeeRelations@fello.org)

# Best Practices - Separation & Inactivation Form

**fello.** SELF-DIRECTED SERVICES

**Employee Separation & Inactivation Form**  
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 Please identify the employer and the requested employee data.

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Employee Name:	Family As Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Day of Work:	Last Day of Work	
Hourly Rate of Pay (Please list all current Service Codes/Pay rates):		
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<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:

- 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?