

**Self-Hire Employment status form**

**Participant Name:** \_\_\_\_\_ **Self Hired Staff Name:** \_\_\_\_\_

**Designee Name:** \_\_\_\_\_ **Service Provided:** \_\_\_\_\_ Community Habilitation  
\_\_\_\_\_ Respite

**Status Change**

**Effective Date:** \_\_\_\_\_

Terminated       Resigned       On Leave       Active

**For the following reason(s): (Check all that apply)**

\_\_ Job performance

\_\_ Time and Attendance

\_\_ Scheduling conflict

**Explain further:** \_\_\_\_\_

\_\_ Other (please specify) \_\_\_\_\_

**Participant/Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PCCS FI Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PCCS Human Resources Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_