

Self-Hire Employment status form

Participant Name: _____

Self Hired Staff Name: _____

Designee Name: _____

Service Provided: _____ Community Habilitation
_____ Respite

Status Change

Effective Date: _____

Terminated

Resigned

Inactive

Active

Per Diem

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

__ Job performance

__ Time and Attendance

__ Scheduling conflict

Explain further: _____

__ Other (please specify) _____

****Anticipated return date :** _____

Participant/Designee Signature: _____

Date: _____

PCCS FI Signature: _____

Date: _____