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: __________________