

**UNEMPLOYMENT DOCUMENTATION/TERMINATION DATA FORM
FOR ALL EMPLOYEES NO LONGER WORKING
FOR THE PARTICIPANT**

When an employee leaves your employment, even temporarily, please complete, in full, **within 2 days** and return to a member of the Self Directed FMS team via email or fax to 410-269-0034

OR

mail: The Arc of the Central Chesapeake Region, Inc.
931 Spa Road Annapolis, MD 21401
Attn: Self Directed FMS Team

If you have questions, please contact a member of the Self Directed FMS team.

Employee Name:

First Day of Work:

Last Day of Work:

Hourly Rate of Pay:

Please provide his/her current status with you, including all details surrounding the employee leaving.

Lack of work - Permanent or Temporary

Expected Return Date:

Quit: Provide reason, how notice was given, length of notice given, and any other details

Discharge: Provide reason, policy violation, dates and details or prior warnings, and written documentation of the final incident details. Include Name of individual, who terminated the employee.

Still working: Provide current status (Full time, Part time, or on-call). Were hours are reduced by family or employee or was employee not available for work. Why?

Other: Provide reason & details.