The Arc
Central Chesapeake Region

Self-Directed Services
Employee Change Form

931 Spa Road | Annapolis, MD 21401
Submittal: FMSEmployeeUpdates@thearcccr.org
FMS Phone: 1.866.252.6871 | FMS Fax: 1.888.272.2236

Please identify the employee and employer requesting the update.	
EMPLOYEE NAME:	
EMPLOYER NAME:	**DEPT #:**

Please complete only the sections that apply.

CHECK (✓) ALL THAT APPLY	CHANGE TYPE	DATA/DOCUMENTATION REQUIRED FOR CHANGE	EFFECTIVE DATE (Required)
	NAME	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.	
	CONTACT INFO	Address: ☐ **RESIDENCE** ☐ **MAILING** ☐ **BOTH** _____ Phone: _____ Email:	
	SERVICE CODE	Service Code: ☐ **ADD** ☐ **REMOVE** _____ Service Code: ☐ **ADD** ☐ **REMOVE** _____ Service Code: ☐ **ADD** ☐ **REMOVE**	
	PAY RATE	Current Hourly Rate: _____ New Hourly Rate: _____ ☐ **APPLY TO ALL SERVICE CODES** ☐ **APPLY ONLY TO THE FOLLOWING SERVICE CODE(S):**	
	OTHER	Please specify:	

By signing below, I have been notified of and agree to the changes being submitted.	
EMPLOYEE SIGNATURE:	**DATE:**
EMPLOYER / DESIGNATED REPRESENTATIVE SIGNATURE:	**DATE:**