The Arc
Central Chesapeake Region

Self-Directed Services Employee Termination/Inactivation Form

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

When an employee leaves employment, even temporarily, please complete this form in its entirety within 2 business days and provide details related to the status change. This information is important for unemployment insurance purposes.

Please identify the employer and the requested employee data.

EMPLOYER NAME:	**DEPT #:**
EMPLOYEE NAME:	
FIRST DAY OF WORK:	
LAST DAY OF WORK:	
HOURLY RATE OF PAY (PLEASE LIST ALL CURRENT PAY RATES):	

Please provide the employee's current status, including all details surrounding the status change. Please attach additional pages, as necessary. Thank you!

PLEASE CHECK (✓) STATUS	EMPLOYEE STATUS	PLEASE PROVIDE THE REQUESTED INFORMATION
	LACK OF WORK – PERMANENT OR TEMPORARY	**Expected Return Date:**
	EMPLOYEE QUIT	**Provide reason, how notice was given, length of notice, and any other pertinent details.**
	EMPLOYEE DISCHARGED	**Provide reason, policy violation, dates and details of prior warnings, and written documentation of the final incident. Include name of individual who terminated employee.**
	EMPLOYEE STILL WORKING	**Provide current status (FT, PT, or as needed). Were hours reduced by the employer or the employee? Did the employee's availability change? Why?**
	OTHER	**Provide reason and details.**

By signing below, I attest to the accuracy of the details being provided. I understand that once my employee is terminated or inactive, they must submit a new packet and be re-cleared to work.

EMPLOYER / DESIGNATED REPRESENTATIVE SIGNATURE:	**DATE:**