



Important Employee Forms

Employee Change Form
Termination & Inactivation Form

February 20, 2024

Content & Goals for this Session



Review of Employee Change Forms and Termination & Inactivation Forms




Best Practices for Using Forms



Location of Forms & Where to Submit

Employee Change Form



Self-Directed Services Employee Change Form
 FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236
 Submittal Only: FMSEmployeeUpdates@thearcctr.org
 Open a Customer Service Ticket: thearcselfdirection.zendesk.com/
 FMS Website: thearcctr.org/self-directed-services/

Central Chesapeake Region

Please identify the employee and employer requesting the update.

| | |
|----------------|---|
| EMPLOYEE NAME: | FAMILY AS STAFF: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMPLOYER NAME: | DEPT #: |

Please complete only the sections that apply.

| CHECK (✓) ALL THAT APPLY | CHANGE TYPE | DATA/DOCUMENTATION REQUIRED FOR CHANGE | EFFECTIVE DATE (Required) |
|--------------------------------|-----------------|--|---------------------------------|
| <input type="checkbox"/> | NAME | Previous Legal Name: _____ New Legal Name: _____ <small>NOTE: Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.</small> | |
| <input type="checkbox"/> | CONTACT INFO | Address: _____ <div style="display: flex; justify-content: flex-end; font-size: x-small;"> <input type="checkbox"/> RESIDENCE <input type="checkbox"/> MAILING <input type="checkbox"/> BOTH </div> Phone: _____ Email: _____ | |
| <input type="checkbox"/> | SERVICE CODE | Service Code: _____ <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Service Code: _____ <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Service Code: _____ <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | |
| <input type="checkbox"/> | PAY RATE | Current Hourly Rate: _____ New Hourly Rate: _____ <input type="checkbox"/> APPLY TO ALL SERVICE CODES <input type="checkbox"/> APPLY ONLY TO THE FOLLOWING SERVICE CODE(S): _____ | |
| <input type="checkbox"/> | OTHER | Please specify: _____ | |

By signing below, I have been notified of and agree to the changes being submitted.

| | |
|---|-------|
| EMPLOYEE SIGNATURE: | DATE: |
| EMPLOYER / AUTHORIZED REPRESENTATIVE SIGNATURE: | DATE: |

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What Is an Employee Change Form?

- An Employee Change Form is a form a Participant must submit to update an Employee's information.
- Submission of this form is required for The Arc to update the information for the Employee.

When Is a Change Form Needed?

- If an Employee changes their name, mailing address, email, or phone number.
- If an Employee needs a new service code added.
- If an Employee needs a rate increase or decrease.
NOTE: Maximum rates and rate start dates depend upon the Participant's current budget.

Who Needs to Sign the Change Form?

- Both the Participant (or their authorized representative) and the Employee must sign the change form.
- This can be done electronically.

Location of the Employee Change Form

All forms and resources are conveniently located on the “Forms & Resources” page of our website:

www.thearcccr.org/fms-forms-resources

The Employee Change Form can be found under the **Employee Forms & Resources** section.

Submitting a Completed Change Form


Participants can send Employee Change Forms for any update to the following email:

FMSEmployeeUpdates@thearcctr.org

Change Form Processing Timelines

- For updated contact information, the change will be made within a week of submission.
- For the addition of service codes, please allow up to two business days for the update to be made.
- For updated pay rates, please allow two pay periods for the update to be made.

Best Practices | Change Form



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Central Chesapeake Region

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 Open a Customer Service Ticket: thearcselfdirection.zendesk.com/
 FMS Website: thearc.org/self-directed-services/

Please identify the employee and employer requesting the update.

| | |
|----------------|---|
| EMPLOYEE NAME: | FAMILY AS STAFF: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMPLOYER NAME: | DEPT #: |

Please complete only the sections that apply.

| CHECK (✓) ALL THAT APPLY | CHANGE TYPE | DATA/DOCUMENTATION REQUIRED FOR CHANGE | EFFECTIVE DATE (Required) |
|--------------------------------|-------------------------|---|---------------------------------|
| <input type="checkbox"/> | NAME | Previous Legal Name: _____ New Legal Name: _____ <small>NOTE: Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.</small> | |
| <input type="checkbox"/> | CONTACT INFO | Address: _____ <div style="display: flex; justify-content: flex-end; font-size: x-small;"> <input type="checkbox"/> RESIDENCE <input type="checkbox"/> MAILING <input type="checkbox"/> BOTH </div> Phone: _____ Email: _____ | |
| <input type="checkbox"/> | SERVICE CODE | Service Code: _____ <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Service Code: _____ <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Service Code: _____ <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | |
| <input type="checkbox"/> | PAY RATE | Current Hourly Rate: _____ New Hourly Rate: _____ <input type="checkbox"/> APPLY TO ALL SERVICE CODES <input type="checkbox"/> APPLY ONLY TO THE FOLLOWING SERVICE CODE(S): _____ | |
| <input type="checkbox"/> | OTHER | Please specify: _____ | |

By signing below, I have been notified of and agree to the changes being submitted.

| | |
|---|-------|
| EMPLOYEE SIGNATURE: | DATE: |
| EMPLOYER / AUTHORIZED REPRESENTATIVE SIGNATURE: | DATE: |

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Best Practices | Change Form

- Be sure both the Participant and the Employee sign the form.
- The Arc cannot process a form without both signatures.

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

Best Practices | Change Form


- Be sure to include an effective date.
- The Arc cannot process a form with no effective date.

| Please complete only the sections that apply. | | | |
|---|-----------------|---|--|
| CHECK (✓) ALL THAT APPLY | CHANGE TYPE | DATA/DOCUMENTATION REQUIRED FOR CHANGE | EFFECTIVE DATE (Required) |
| <input type="checkbox"/> | 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. |  |
| <input type="checkbox"/> | CONTACT INFO | Address: _____ _____ _____ Phone: _____ <input type="checkbox"/> RESIDENCE <input type="checkbox"/> MAILING <input type="checkbox"/> BOTH | |

Best Practices | Change Form

- Be sure Family of Staff is checked if the Employee is the family member of a Participant.

Please identify the employee and employer requesting the update.

| | | |
|----------------|---|--|
| EMPLOYEE NAME: |  | FAMILY AS STAFF: |
| EMPLOYER NAME: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | DEPT #: |

Best Practices | Change Form

- Make sure the code or rate you are modifying is included in your budget. The Arc cannot process changes that do not align with the budget.
- If you are adding a code, remember to include the rate.
- If the budget includes a service with a 2:1 staff ratio, you must specify if the service code you are adding is for 1:1 or 2:1 services.


Best Practices | Change Form

- If the budget includes Holidays, make sure you specify whether the code being added is for **Paid Holiday Off** or **Holiday Worked**.
- You should also specify whether the Holiday service code is for 1.5x or 2x the normal rate.
- If an Employee is to be paid their regular rate of pay for working on a holiday, they would use their regular service code.

Best Practices | Change Form

- Participants should make sure all necessary information is provided.
- **Missing information will delay processing.**

Employee Termination & Inactivation Form



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Central Chesapeake Region

Employee Termination & Inactivation Form
 FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236
 Submittal Only: FMSEmployeeRelations@thearc.org
 Open a Customer Service Ticket: thearcselfdirection.zendesk.com/
 FMS Website: thearc.org/self-directed-services/

When an employee leaves employment, even temporarily, the Participant/Employer should complete this form in its entirety within two (2) business days and provide details related to the status change for FMS updates. This information is important for unemployment insurance purposes.

Please identify the employer and the requested employee data.

| | | |
|---|-------------------|---|
| EMPLOYER NAME: | | DEPT #: |
| EMPLOYEE NAME: | | FAMILY AS STAFF: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FIRST DAY OF WORK: | LAST DAY OF WORK: | |
| HOURLY RATE OF PAY (PLEASE LIST ALL CURRENT SERVICE CODES/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 |
|--------------------------|--|---|
| <input type="checkbox"/> | EMPLOYEE QUIT | Provide reason, how notice was given, length of notice, and any other pertinent details. Please provide supplemental pages as necessary. |
| <input type="checkbox"/> | EMPLOYEE DISCHARGED/TERMINATED BY EMPLOYER | Provide reason, policy violation, dates and details of prior warnings, and written documentation of the final incident. Include name of individual who terminated employee. Please provide supplemental pages as necessary. |
| <input type="checkbox"/> | LACK OF WORK - PERMANENT OR TEMPORARY | Details and expected return date: |
| <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | OTHER | Provide reason/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 / AUTHORIZED REPRESENTATIVE SIGNATURE: | DATE: |
|---|-------|

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What is an Employee Termination & Inactivation Form?

An Employee Termination & Inactivation Form is the form a Participant must submit in either of the following cases:

- An Employee is going to be inactive for a period not to exceed 18 months.
- An Employee has resigned or been terminated.

Only the Participant needs to sign this form. This can be done electronically.

When is a Termination & Inactivation Form Needed?

- This form is needed whenever an employee has requested to be temporarily inactivated or when they have been terminated, whether the termination is voluntary or involuntary.
- This form should be submitted immediately upon termination or inactivation.

Termination & Inactivation Form | Involuntary Terminations

For involuntary terminations, the following information is required:

- Issues leading up to termination
- Prior warnings (how the warnings were provided; verbal, written)
- Documentation of warnings / issues
- Dates, times, specifics, names of witnesses
- A written statement describing the specific reason for termination and the final incident which led to termination (can be a separate document included with the termination form)
- Would they be interested in being a witness, if required, for an unemployment hearing?

Termination & Inactivation Form | Voluntary Terminations

For voluntary terminations, the following information is required:

- Reason for resignation
- Was notice provided?
- Issues leading up to resignation, if applicable
- Did they leave on good terms?
- Are they eligible for rehire?
- Would the employer contest an unemployment claim?
- Would they be interested in being a witness, if required, for an unemployment hearing?

Termination & Inactivation Form | Inactivation

Reasons for Inactivation

- Summer months when school is not in session, when college students are away at school, or when an employee is out on medical leave.

DDA Guidance

- Employees can be placed in an inactive status **after six months of inactivity**.
- Inactivation does not terminate the employee.
- The inactivation will allow the employee to remain on the employer's roll without having to go through multiple employee application/onboarding processes.
- The participant may extend the inactivation period of an employee by **up to 12 months** via written request (total 18 months inactive).
- Participants must notify when us they are ready to reactivate their employee.
- We are required to confirm that the employee meets the requirements of employment prior to reactivation.

Location of the Termination & Inactivation Form

All forms and resources are conveniently located on the “Forms & Resources” page of our website:

www.thearcccr.org/fms-forms-resources


The Termination Form can be found under the **Employee Forms & Resources** section.

Submitting a Completed Termination & Inactivation Form

Participants can send the completed Employee Termination & Inactivation Form to the following email:

FMSEmployeeRelations@thearcCCR.org

Best Practices | Termination & Inactivation Form



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Central Chesapeake Region

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When an employee leaves employment, even temporarily, the Participant/Employer should complete this form in its entirety within two (2) business days and provide details related to the status change for FMS updates. This information is important for unemployment insurance purposes.

Please identify the employer and the requested employee data.

| | | |
|---|-------------------|---|
| EMPLOYER NAME: | | DEPT #: |
| EMPLOYEE NAME: | | FAMILY AS STAFF: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FIRST DAY OF WORK: | LAST DAY OF WORK: | |
| HOURLY RATE OF PAY (PLEASE LIST ALL CURRENT SERVICE CODES/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 |
|--------------------------|--|---|
| <input type="checkbox"/> | EMPLOYEE QUIT | Provide reason, how notice was given, length of notice, and any other pertinent details. Please provide supplemental pages as necessary. |
| <input type="checkbox"/> | EMPLOYEE DISCHARGED/TERMINATED BY EMPLOYER | Provide reason, policy violation, dates and details of prior warnings, and written documentation of the final incident. Include name of individual who terminated employee. Please provide supplemental pages as necessary. |
| <input type="checkbox"/> | LACK OF WORK - PERMANENT OR TEMPORARY | Details and expected return date: |
| <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | OTHER | Provide reason/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 / AUTHORIZED REPRESENTATIVE SIGNATURE: | DATE: |
|---|-------|

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Best Practices | Termination & Inactivation Form

- Forms should be submitted **immediately** upon inactivation or termination of an employee.
- **All fields on the form should be completed.** The Arc requires detailed information in the event the employee claims unemployment.



Questions?