The Arc
Central Chesapeake Region

Employee Separation & Inactivation Form

FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236
Submittal Only: FMSEmployeeRelations@thearcccr.org
Open a Customer Service Ticket: thearcselfdirection.zendesk.com/
FMS Website: thearcccr.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:** ☐ Yes ☐ 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
☐	EMPLOYEE QUIT	Provide reason, how notice was given, length of notice, and any other pertinent details. Please provide supplemental pages as necessary.
☐	EMPLOYEE DISCHARGED/ SEPARATED BY EMPLOYER	Provide reason, policy violation, dates and details of prior warnings, and written documentation of the final incident. Include name of individual who discharged the employee. Please provide supplemental pages as necessary.
☐	LACK OF WORK - PERMANENT OR TEMPORARY	Details and expected return date:
☐	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/details.

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

EMPLOYER / AUTHORIZED REPRESENTATIVE SIGNATURE:	**DATE:**