



"We are a not-for-profit organization creating social change within communities by supporting people with disabilities on their search for identity and acceptance."

Acceptance

Equity

Support

Self-Hired Employment Status Form

Participant Name: _____ Self Hired Staff Name: _____

Service Provided: Community Habilitation Respite Both

Status:

- Terminated Date _____ Resigned Date _____
 Inactive Date _____ & Return Date _____
 Active Date _____ Per Diem as of _____
 Change FTE from _____ to _____

For the following reason(s): (Check all that apply)

- Job performance
 Time and Attendance
 Scheduling conflict, please explain why:

Other (please specify, and explain why):

Would the Self-Hired Staff like alternative work within PCCS? Yes NO

If yes (pick one), Traditional Self-Direction BOTH

If no, why? _____

SD Participant/Designee Signature: _____ Date: _____

Self-Hired Staff Signature: _____ Date: _____

(FOR FI/HR USE ONLY)
Self-Direction Team Member Name: _____
Title: _____ Date: _____
PDF for OWS Date Completed: _____