



## CHANGE OF EMPLOYMENT STATUS

Additional paperwork may be required to reinstate employment if within one year of last day worked – Please call Human Resources  
*Information is available in alternate format upon request*

Employee Name: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Employee program:  PCA  PCSP  ICO  Agency Directed

Last Day employee worked: \_\_\_\_\_

Quit/Voluntary Resignation:

Job Abandonment: DATES of no call/no show:

Fired/Involuntary:

Leave of Absence: (included reason and estimate date of return)

Attendance:  Excellent  Good  Poor

Quality of work:  Excellent  Good  Poor

Would you rehire:  Yes  No

Reason you would not rehire:

\_\_\_\_\_  
Signature of Consumer/PCR or Coordinator

\_\_\_\_\_  
Date

Active with another consumer/program  
 HRIS updated  Direct Deposit  Benefits  
Processed by: \_\_\_\_\_ date: \_\_\_\_\_