

Staff Resignation/Termination Form

This form is to be completed if staff is discontinuing service with a family (and vice versa). This form does not remove authorization of the actual service

Demographic Information

Name of SD Participant:	Name of SHSS:
Mailing Address:	Mailing Address:
Telephone:	Telephone:
Email:	Email:

For completion by person requesting termination:

****Please submit at least 10 days *before* last day of work****

<input type="radio"/> Participant/Guardian	<input type="radio"/> Self Hired Support Staff
Date of Termination: ____ / ____ / ____	Date of Resignation: ____ / ____ / ____
Reason:	

Signatures: After signing, please send to Halo Network Self-Direction Coordinator

By signing this document, I, SHSS, am affirming that I am resigning as a support staff to the above mentioned Self Direction participant. I have informed the client, the broker, and the FI Coordinator of this change in staffing. I understand that staff must to complete any outstanding paperwork for this provider for services delivered prior to resignation.

SD Participant/Designee Signature (required): _____ Date: _____

Service Provider Signature (required): _____ Date: _____

If Signature is not obtainable, please indicate why:

Office Use Only

Signature of FI Coordinator: _____ Date: _____

Date Received: _____ Initials of HR Staff: _____