CHANGE OF STATUS DURING THE QUARTER

In the event that a time study participant leaves the school division or is on a long term medical leave, the time study contact for the school division should complete and submit this form.

School Division Name: _____ Provider Number: _____

Time Study Participant Name: _____ Employee ID: _____

Reason for Change of Status: Please select one

Terminated employment: _____

Long Term Medical Leave Paid: _____

Long Term Medical Leave Unpaid: _____

Effective Date: _____

Name:_____

Signature:_____

Date:_____

Please submit this form as soon as possible but no later than the last day of the current quarter.

Please email completed scanned form with signature to schoolbasedclaiming@umassmed.edu or Fax the signed paper form to 508 856 7643.

If you have any questions please email schoolbasedclaiming@umassmed.edu or call 800 535 6741 and select option 1.