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## AGENCY WITH CHOICE SUPPORT WORKER CHANGE FORM

Use this form to report **ANY** changes regarding your support worker to PossAbilities. Changes may include any of the following items: change in pay, increase or decrease in work hours. If the support worker is being terminated, please check 'Yes' on the termination of employment line and explain below (explanation is required).

Managing Employer Name \_\_\_\_\_

Support Worker Name \_\_\_\_\_

What is the change taking place?

	FROM	TO
Change in pay:	\$_____ per hour	\$_____ per hour
Change in work hours:	_____ per week	_____ per week

Termination of employment:  Yes, this support worker will no longer be working for me.

Please give a detailed explanation for any change being made: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When does this change take place (date)? \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Managing Employer Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Support Worker Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date