## MA Random Moment Time Study CHANGE OF STATUS DURING THE QUARTER

In the event that a random moment time study participant leaves the school district temporarily or permanently, or changes jobs and is no longer eligible to complete the time study, the designated time study contact for the school district should complete this form and email it to the School Based Medicaid Program within the quarter the change occurs.

All areas of this form must be completed. School District Name: Time Study Participant Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Please choose A or B below: A) \_Temporary Leave of Absence: \_\_\_\_\_ Paid Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ \_\_\_\_\_Unpaid Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Undetermined Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ B) \_\_Terminated/Changed employment status from/with the school district: Date: \_\_\_\_\_ Comment: Person Completing Form: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Title: Please check off affected quarter: (choose only 1 per form) Qtr 2 (Oct 1 – Dec 31): Qtr 3 (Jan 1 – Mar 31): \_\_\_\_\_ Qtr 4 (Apr 1 – Jun 30): Please email completed form to <a href="mailto:schoolbasedclaiming@umassmed.edu">schoolbasedclaiming@umassmed.edu</a>

If you have any questions please email <u>schoolbasedclaiming@umassmed.edu</u> or call 1-800-535-6741.

\*If a time study participant takes a temporary Leave of Absence, they will be included in the next quarters' RMTS participant list and their status should be reviewed prior to submitting the list to UMASS. If the time study participant has terminated employment with the school district, they will be made inactive and not be included in subsequent time studies.