

CT SBCH 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 UMASS 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 Employment with the school district: Date: _____

Number of generated moments and the dates of those moments this participant is responsible for that fall within the effective dates: # of moments _____.

Moment Dates: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

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 schoolbasedclaiming@umassmed.edu

If you have any questions please email schoolbasedclaiming@umassmed.edu or call 800.535.6741 option 1.

*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.