**Employee Payroll Records Transmittal**

Complete this form when an employee separates state service or transfers to another agency or sub-agency. The losing agency completes this form and forwards to the gaining agency. Keep a copy of this form and all documents for your records.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Last Name: | | | First Name: | | | | Middle Name: | | |
| Personnel Number: | | | Agency: | | | | Last Date Carried: | | |
| **Leave Balance As Of Last Day of Employment -** Enter the balance reflected in the Leave System. Unless losing agency is DOL, DOR, ECY, LCB, or LNI losing agency will need to make any necessary Quota Corrections in HRMS to ensure it reflects an accurate leave balance. | | | | | | | | | |
| Transfer **from** DOT**,** DOL, DOR, ECY, LCB, LNI, or WSDOT?  Yes  No  If **yes**, gaining agency must make HRMS Quota Corrections. | | | Are accruals included in leave balance for month of separation?  Yes  No | | | | Career Shared Leave balance:  Hours | | |
| FMLA used in previous 12 months?  Yes  No | | | Personal Holiday taken?  Yes  No  If **yes**, date taken: | | | | Personal Leave Day taken for Fiscal Year?  Yes  No  If **yes**, date taken: | | |
| Sick Leave balance end of prior year:  Hours **+** | | YTD Sick Leave accrued:  Hours **-** | | | YTD Sick Leave taken:  Hours **=** | | | Sick Leave balance:  Hours | |
| Vacation Leave balance:  Hours | | | | | Military Leave balance:  Hours | | | | |
| Comments: | | | | | | | | | |
| **Preparer Certification -** Preparer certifies that information is true and correct to the best of their knowledge. | | | | | | | | | |
| Preparer’s Name: | Job Title: | | | Email: | | Phone: | | | Date Prepared: |
| **To -** | | | | | | | | | |
| Agency/Division: | Contact Name (if known): | | | Email: | | Phone: | | | Mail Stop/Address: |

If required, have you included **originals** of the following documents?

EFT (Direct Deposit) All past and current Life Insurance Forms Other Current Deductions

Credit Union Deduction Card All past and current LTD Forms Statewide Garnishment (not agency specific)

Union Card (if necessary) Child Support Orders Retirement & Beneficiary Forms (copies)

Other Enrollment Forms All Medical & Dental Enrollment forms Leave Balance Report (copies)