**Employee Personnel Records Transmittal**

Complete this form when an employee 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 for your records.

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| Employee Last Name: | First Name: | Middle Name: |
| Personnel Number: | Agency: | Last Date Carried: |
| FMLA used in previous 12 months? Yes [ ]  No [ ]  Provide details (if necessary):  |
| Comments: |
| **Losing Agency Payroll Contact -** |
| Payroll Contact’s Name: | Job Title: | Email: | Phone: | Mail Stop/Address |
| **Preparer -** |
| Preparer’s Name: | Job Title: | Email: | Phone: | Date Prepared: |
| **To -**  |
| Agency/Division: | Contact Name: | Email: | Phone: | Mail Stop/Address: |