**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: |