

Personnel File Transmittal/Receipt Verification

Complete this form to transfer personnel files within and between agencies. The Sending Agency completes the form and sends it to the Receiving Agency for verification.

Sending Agency Information

Employee's Name: _____ Personnel ID: _____

Agency: _____

Preparer's Name: _____ Job Title: _____

Phone: _____ Email: _____

Mail Stop/Mailing Address: _____

FMLA used in previous 12 months? Yes No

Provide details (if necessary): _____

Receiving Agency Information

Agency: _____

Contact: _____ Phone: _____

Email: _____

Mail Stop/Mailing Address: _____

Do not transfer training records stored in the Learning Management System (LMS).

Transfer Method: Electronic Hardcopy

File Name(s) including file extension.

(Example: Smith-1234567 Personnel File Performance 2012-12-06.pdf):

Sign, and return form to Sending Agency. If you have questions or need assistance, contact the Sending Agency Contact listed above.

Acceptance Acknowledgement

The signature below verifies the personnel records were received, accessible, and the number of files listed above matches the number of files received. I understand that upon receipt of this signed form, the Sending Agency will no longer retain a copy of these personnel records.

Please type your full name in the signature field. Do not use E-sign features or insert signature images.

Signature: _____ Date: _____

OFM 12-090 (1/27/25) Electronic Personnel File Receipt Verification