

# 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