



PERSONNEL TRANSFER RECORD

When an employee transfers to another state payroll system, complete this form on the last day of employment. Send one copy immediately to the Payroll Representative of the other agency.

TO: AGENCY NAME		FROM: AGENCY NAME	
PERSON COMPLETING FORM:	EMAIL:	TELEPHONE NUMBER	DATE (MM/DD/YYYY):
1. EMPLOYEE DATA			
NAME:	LAST 4 # OF SSN:	BIRTHDATE:	GENDER: <input type="radio"/> Male <input type="radio"/> Female
EMPLOYEE ID:			
PRESENT CLASSIFICATION:		CLASS CODE:	SCHEDULE-RANGE:
HOURLY SALARY:	SUPP'L ADD ON:	START DATE CONTINUOUS SERVICE:	ADJUSTED DATE: LAST DAY ON PAYROLL:
PAYROLL SYSTEM: <input type="checkbox"/> STAR (EXEC, LEG, COURTS) <input type="checkbox"/> UW SYSTEM <input type="checkbox"/> UWHC <input type="checkbox"/> WHEDA <input type="checkbox"/> WEDC			
PAY FREQUENCY: <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY			
2. EMPLOYEE PAYROLL DEDUCTIONS TAKEN BY SENDING AGENCY			
Type of Deduction		Last Deduction Amount	Coverage End Date
Health Insurance: <input type="checkbox"/> Enrolled <input type="checkbox"/> Waived <input type="checkbox"/> Opt-Out Stipend Health Plan Carrier: Coverage Level: <input type="checkbox"/> Single <input type="checkbox"/> Family Health Plan Type: <input type="checkbox"/> With Dental <input type="checkbox"/> Without Dental <input type="checkbox"/> non-HDHP <input type="checkbox"/> HDHP			
State Group Life Insurance Basic: If enrolled, enter Basic Coverage Level/ABBR: Supplemental: Additional: Spouse & Dependent:		Basic/Supp	
		Additional	
		Sp/Dep	
Income Continuation Insurance Standard ICI: <input type="checkbox"/> Enrolled <input type="checkbox"/> Waived Supplemental ICI: <input type="checkbox"/> Enrolled <input type="checkbox"/> Waived <input type="checkbox"/> Not Eligible Category: or Elimination Period:			
Supplemental Dental Insurance: <input type="checkbox"/> Enrolled <input type="checkbox"/> Waived Delta Dental: <input type="checkbox"/> Select <input type="checkbox"/> Select Plus Other Dental (enter plan name): Coverage Level:			
Preventive Dental Insurance: <input type="checkbox"/> Enrolled <input type="checkbox"/> Waived Coverage Level:			
Vision Insurance: <input type="checkbox"/> Enrolled <input type="checkbox"/> Waived Coverage Level:			
Accident Plan: <input type="checkbox"/> Enrolled <input type="checkbox"/> Waived Coverage Level:			



Pre-Tax Savings Plans				
<input type="checkbox"/> Healthcare FSA	Annual Election:	YTD Contributions:		N/A
<input type="checkbox"/> Dependent Day Care	Annual Election:	YTD Contributions:		
<input type="checkbox"/> Parking Account	Annual Election:	YTD Contributions:		
<input type="checkbox"/> Transit Account	Annual Election:	YTD Contributions:		
<input type="checkbox"/> Limited Purpose FSA	Annual Election:	YTD Contributions:		
<input type="checkbox"/> Health Savings Account	Annual Election:	YTD Contributions:		

Wisconsin Retirement System and Social Security		WRS Category:
WRS Enrollment Date (state service only):		YTD WRS Calendar Year Earnings:
WRS Additional Contributions (per pay period):		YTD Social Security Earnings:

Other Deductions		
<input type="checkbox"/> Deferred Compensation (Pre-Tax)	Pay Period Deduction:	YTD Contributions:
<input type="checkbox"/> Deferred Compensation (Roth)	Pay Period Deduction:	YTD Contributions:
<input type="checkbox"/> State Employees Combined Campaign	Pay Period Deduction:	SECC Region:
<input type="checkbox"/> Wage Assignment	Pay Period Deduction:	YTD Contributions:
<input type="checkbox"/> Van Pool	Pay Period Deduction:	YTD Contributions:
<input type="checkbox"/> Other:	Pay Period Deduction:	YTD Contributions:
<input type="checkbox"/> Other:	Pay Period Deduction:	YTD Contributions:

3. LEAVE INFORMATION (INDICATE DECIMAL HOURS) IF LESS THAN FULL-TIME, ENTER FTE%:
 All balances should be as of the employee's last day on payroll.
Note: Payroll centers may have different policies regarding leave payouts at transfer and acceptance of leave balances upon transfer.

Sick Leave (required to complete all fields)	Hours
Balance carried over from previous year	
Earned current calendar year	
Used current calendar year	
Use previous calendar year	
Balance as of last day on payroll	

Was the employee previously offered ICI Enrollment in Categories 3, 4 or 5? Yes No
 If yes, enter the ICI Categories for which the employee was previously eligible:

Other Leave Information	Vacation Hours	Personal Holiday Hours	Sat/Legal Holiday Hours	Termination/Sabbatical
Balance carried over from previous year				
Eligible this calendar year				
Used through last day on payroll/paid out				
Balance remaining as of last day on payroll				

NOTES/COMMENTS: