



**PERSONNEL TRANSFER RECORD**

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

TRANSFER

TO: AGENCY NAME	AGENCY NUMBER:	SECONDARY LEVEL NAME:	ADDRESS:
FROM: AGENCY NAME	AGENCY NUMBER:	SECONDARY LEVEL NAME:	ADDRESS:

PERSON COMPLETING FORM:	TELEPHONE NUMBER:	DATE (MM/DD/YYYY):	
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**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 & EEO:	HOURLY SALARY:
SUPP'L ADD ON:	START DATE CONTINUOUS SERVICE:	ADJUSTED DATE:	LAST DAY ON PAYROLL:	
PAYROLL SYSTEM: <input type="checkbox"/> CENTRAL PAYROLL <input type="checkbox"/> UW <input type="checkbox"/> UWHC <input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> WISCONSIN COURTS <input type="checkbox"/> WHEDA <input type="checkbox"/> WEDC <input type="checkbox"/> AUDIT BUREAU				

**2. EMPLOYEE PAYROLL DEDUCTIONS TAKEN BY SENDING AGENCY**

TYPE OF DEDUCTION	MONTHLY DEDUCTION AMOUNT	COVERAGE AND END DATE
<b>HEALTH INSURANCE:</b> <input type="checkbox"/> WAIVED <input type="checkbox"/> PRE TAX <input type="checkbox"/> POST TAX PLAN: <input type="checkbox"/> SINGLE <input type="checkbox"/> FAMILY <input type="checkbox"/> HDHP <input type="checkbox"/> OPT OUT <input type="checkbox"/> DENTAL <input type="checkbox"/> WITHOUT DENTAL HEALTH PLAN NAME:		
<b>LIFE INSURANCE:</b> <input type="radio"/> WAIVED <input type="radio"/> PRE TAX <input type="radio"/> POST TAX <input type="checkbox"/> BASIC <input type="checkbox"/> 50% SUPPL <input type="checkbox"/> 100% SUPPL <input type="checkbox"/> 1 ADD'L <input type="checkbox"/> 2 ADD'L <input type="checkbox"/> 3 ADD'L BASIC AMOUNT: AGE: <input type="checkbox"/> SPOUSE AND/OR DEPENDENT COVERAGE <input type="checkbox"/> 1 UNIT <input type="checkbox"/> 2 UNITS		
<b>INCOME CONTINUATION INSURANCE:</b> <input type="checkbox"/> WAIVED SUPPL COVERAGE? <input type="radio"/> YES <input type="radio"/> NO CATEGORY: ELIMINATION PERIOD:		
<b>HEALTH SAVING ACCOUNT:</b>		
<b>SUPPLEMENTAL DENTAL:</b> WAIVED PRE TAX POST TAX <input type="checkbox"/> DELTA DENTAL PPO <input type="checkbox"/> SELECT <input type="checkbox"/> SELECT PLUS <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + CHILD(REN) <input type="checkbox"/> EMPLOYEE + FAMILY		
<b>AD&amp;D INSURANCE:</b> <input type="radio"/> WAIVED <input type="radio"/> PRE TAX <input type="radio"/> POST TAX <input type="checkbox"/> PROTECTIVE <input type="checkbox"/> NON-PROTECTIVE <input type="checkbox"/> SINGLE <input type="checkbox"/> FAMILY <input type="checkbox"/> 3 TIMES <input type="checkbox"/> 5 TIMES		
<b>VISION:</b> <input type="radio"/> WAIVED <input type="radio"/> PRE TAX <input type="radio"/> POST TAX <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + CHILD(REN) <input type="checkbox"/> EMPLOYEE + FAMILY		
RETIREMENT WRS ENROLLMENT DATE IF LESS THAN 6 MONTHS: RETIREMENT PLAN CODE: ADDITIONAL AMOUNT: WRS CALENDAR EARNINGS: SOCIAL SECURITY EARNINGS PAID BY STATE THIS CALENDAR YEAR THROUGH LAST DAY ON PAYROLL OF SENDING AGENCY (MUST BE COMPLETED WHEN MOVEMENT IS BETWEEN UW AND DOA CENTRAL PAYROLL AGENCY).		
STATE EMPLOYEES COMBINED CAMPAIGN: <input type="checkbox"/> DANE CO. <input type="checkbox"/> MILWAUKEE CO. <input type="checkbox"/> COMBINED HEALTH CHARITIES <b>PLEDGE BALANCE:</b> BIWEEKLY/MONTHLY DEDUCTION AMOUNT: <input type="checkbox"/> DEFERRED COMPENSATION BIWEEKLY/MONTHLY DEDUCTION AMOUNT: <input type="checkbox"/> DEFERRED COMPENSATION/ROTH BIWEEKLY/MONTHLY DEDUCTION AMOUNT: <input type="checkbox"/> TSA PARTICIPANT BIWEEKLY/MONTHLY DEDUCTION AMOUNT: <input type="checkbox"/> PARKING TRANSIT BIWEEKLY/MONTHLY DEDUCTION AMOUNT:		
<b>ERA:</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> DEPENDENT MEDICAL ANNUAL AMOUNT: YTD BALANCE: BIWEEKLY/MONTHLY DEDUCTION AMT: DEPENDENT ANNUAL AMOUNT: YTD BALANCE: BIWEEKLY/MONTHLY DEDUCTION AMT: OTHER BIWEEKLY/MONTHLY DEDUCTIONS: <input type="checkbox"/> WAGE ASSIGN <input type="checkbox"/> PARKING <input type="checkbox"/> VAN POOL OTHER (ETC.):		

**3. LEAVE DATA** (INDICATE DECIMAL HOURS) IF LESS THAN FULL-TIME, INDICATE PERCENTAGE:

0.00%

BALANCES AS OF EMPLOYEE'S LAST DAY ON PAYROLL DATE (MM/DD/YYYY):					
TERMINATION/SABBATICAL LEAVE BALANCE HOURS:					
COMPENSATORY HOURS:					
SICK LEAVE	HOURS	OTHER	VACATION HOURS	PERSONAL HOLIDAY HRS	SAT/LEGAL HOLIDAY HRS
BALANCE CARRIED OVER FROM PREVIOUS YEAR		BALANCE CARRIED OVER FROM PREVIOUS YEAR			
EARNED THIS CALENDAR YEAR THUR LAST DAY ON PAYROLL		ELIGIBLE THIS CALENDAR YEAR			
USED THIS CALENDAR YEAR TO LAST DAY ON PAYROLL		USED THROUGH LAST DAY ON PAYROLL			
USED PREVIOUS CALENDAR YEAR					
BALANCE AS OF EMPLOYEE'S LAST DAY ON PAYROLL		BALANCE REMAINING AS OF LAST DAY ON PAYROLL			