



**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. When an employee is terminating, place a completed copy of this form in the employee's personnel file.

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:	GFNDR: <input type="radio"/> Male <input type="radio"/> Female	EMPLOYEE ID
PRESNT 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 NON-TAX DEPN CODE:		
<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>DENTAL:</b> <input type="radio"/> WAIVED <input type="radio"/> PRE TAX <input type="radio"/> POST TAX <input type="checkbox"/> ANTHEM DENTAL BLUE <input type="checkbox"/> DENTACARE HMO <input type="checkbox"/> PREFERRED PPO <input type="checkbox"/> SUPPL PLAN <input type="checkbox"/> SINGLE <input type="checkbox"/> TWO PERSON <input type="checkbox"/> FAMILY <input type="checkbox"/> DENTAL WISCONSIN <input type="checkbox"/> PPO <input type="checkbox"/> SELECT <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE + SPOUSE/DOMESTIC PARTNER <input type="checkbox"/> EMPLOYEE + CHILD(REN) <input type="checkbox"/> EMPLOYEE + FAMILY		
<b>EPIC BENEFITS +:</b> <input type="radio"/> WAIVED <input type="radio"/> PRE TAX <input type="radio"/> POST TAX WITH VISION WITHOUT VISION EMPLOYEE+SPOUSE EMPLOYEE+CHILDREN 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/DOMESTIC PARTNER <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).			

OVER

STATE EMPLOYEES COMBINED CAMPAIGN:  DANE CO.  MILWAUKEE CO.  COMBINED HEALTH CHARITIES

**PLEDGE BALANCE:** **BIWEEKLY/MONTHLY DEDUCTION AMOUNT:**

DEFERRED COMPENSATION **BIWEEKLY/MONTHLY DEDUCTION AMOUNT:**

DEFERRED COMPENSATION/ROTH **BIWEEKLY/MONTHLY DEDUCTION AMOUNT:**

TSA PARTICIPANT **BIWEEKLY/MONTHLY DEDUCTION AMOUNT:**

PARKING TRANSIT **BIWEEKLY/MONTHLY DEDUCTION AMOUNT:**

**ERA:**  MEDICAL  DEPENDENT

MEDICAL ANNUAL AMOUNT: YTD BALANCE: **BIWEEKLY/MONTHLY DEDUCTION AMT:**

DEPENDENT ANNUAL AMOUNT: YTD BALANCE: **BIWEEKLY/MONTHLY DEDUCTION AMT:**

OTHER **BIWEEKLY/MONTHLY DEDUCTIONS:**  WAGE ASSIGN  PARKING  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			