

REQUEST FOR PERSONNEL FOLDER AND EMPLOYEE INFORMATION

DATE: _____

EMPLOYEE: _____ EMP#: _____

TRANSFER: FROM: _____ TO: _____

SALARY RELATED INFORMATION		
Gross salary subject to Social Security:	Recognized Service Date:	
Vacation Accrual Rate:	Personal Leave to Transfer:	
Sick Leave to Transfer:	Vacation Leave to Transfer:	
Other Paid Leaves to Transfer (e.g. Military):		
FURLOUGH INFORMATION		
Number of Furlough Hours Taken From 09/01/09 thru 06/30/11:		
RETIREMENT RELATED INFORMATION		
Preretirement Leave to Transfer:	PERS Number:	
VOLUNTARY DEDUCTIONS		
Union Dues:	Savings Bonds:	Support Payments:
Credit Union:	Health Insurance:	Dental:
Life Insurance:	AD&D Insurance:	Dependent Care Account:
Parking:	Miscellaneous: Specify	Miscellaneous: Specify
Combined Charitable Contribution:	Miscellaneous: Specify	Miscellaneous: Specify
Date of Last Deductions:		
Contact Person in Losing Agency for Clarification (include Name and Phone number):		
Comments:		
Please Continue On Other Side If Less Than 12 months Since Employee Left Your Agency		
Send folder to:		
Signature:		

**COMPLETE THIS SIDE IF LESS THAN TWELVE MONTHS HAVE
ELAPSED SINCE EMPLOYEE TERMINATED OR TRANSFERRED
FROM YOUR AGENCY**

Please forward all original enrollment forms, change forms, and approvals for coverages sponsored by the Public Employees' Benefit Board (PEBB) with the employee personnel file.

FMLA/OFLA	
Federal family/medical leave (FMLA) used in the 12 month period just prior to transfer/termination:	
CHECK ONE	
	Not applicable. It has been more than 12 months since employee left.
	None used.
	The following federal family/medical leave (FMLA) was used:
State family/medical leave (OFLA) used in the 12 month period just prior to transfer/termination:	
CHECK ONE	
	Not applicable. It has been more than 12 months since employee left.
	None used.
	The following federal family/medical leave (OFLA) was used:
Additional Comments:	