

Employee Transfer or Termination Sheet

Employee Name _____ S.S.# _____

Department _____ Position _____

Transferring to:

Department Name _____ Department Number _____

Position _____

Transfer Effective Date _____

Terminating:

Last Day of Employment _____

Reason _____

Annual Leave:

Taking all of Annual Leave before last day _____

Pay Annual Leave after last day _____

Pay Annual Leave as lump sum _____

Department Head Signature: _____ Date _____

PI Signature: _____ Date _____