

Notice of Transfer of Employment With Current Fairfield County Department

Departments: It is imperative that you send this form to County Payroll as soon as you know the transfer date. Do not wait until you submit the payroll worksheets to notify this office.

Employee Name: _____ **Employee Number:** _____

Department: _____

Date terminated CAI form submitted to IT: _____ **Did employee have ERP access:** _____

Last date of earnings: (i.e. hours worked, sick, vacation) _____

Transferred to: _____
(County Department)

This statement serves as official notice of a transfer to the Payroll Department of the County Auditor's Office. It will be placed in the employee's personnel file and copied to the employee's Human Resources department.

THIS FORM IS VALID WITH THE DEPARTMENT HEAD'S SIGNATURE ALONE.

Transferring Employee: _____
Signature *Date*

Department Head: _____
Signature *Date*

Department Head must certify that the employee has been given a copy of this form.

FOR AUDITORS OFFICE USE ONLY
(PLEASE INITIAL AND DATE EACH CATEGORY)

Vacation leave balance paid? Y / N / N/A _____
Vacation leave balance transferred? Y / N / N/A _____
Vacation leave balance zeroed out? Y / N / N/A _____
Sick leave balance paid? Y / N / N/A _____
Sick leave transferred? Y / N / N/A _____
Sick leave balance zeroed out? Y / N / N/A _____ 1

Comp-time balance paid? Y / N / N/A _____
Date copied to HR: _____
User defined fields: _____

Fairfield County Department Transfer Form

Name - Last: _____ First: _____ Middle: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Social Security Number: _____ Date of Birth: _____ / _____ / _____

Marital Status: Married Single Gender: Male Female Phone: _____

LOCAL TAX WITHHOLDING INFORMATION

Do you pay taxes to the city where you live? Yes No If yes, what city? _____

Employee Signature _____ Date _____

Department Information

Transfer from (enter department name): _____

Transfer to (enter department name): _____

Will the department be accepting the following accrual balances?

Vacation _____ hrs. Yes No

Sick _____ hrs. Yes No

Personal _____ hrs. Yes No

Pers. Wellness _____ hrs. Yes No

FOR DEPARTMENT USE ONLY

Employment Status: Full-time - BIWEEKLY hours _____ Part-time - BIWEEKLY hours _____ intermittent/Seasonal

Hire Date: _____ Job Class Code: _____ Position #: _____ Supervisor: _____

Hourly Rate: \$ _____ Annual Salary: \$ _____ Period Pay (FCBDD): \$ _____

Number of Personal Hours to award employee: _____

**Will this employee pay city work tax? Yes No If yes, what city? _____

Will this employee have OPERS or STRS Contributions? OPERS STRS

SHERIFF OFFICE ONLY: Will this employee have OPERS *Law Enforcement* contributions? Yes No

Location: _____ EEO Function: _____

Work/Check Location _____

If you need more space for allocation percentages, please attach a separate sheet.

Salary Org/Obj/Proj/%: _____ *Benefits Follow Salary*

Access to EnterpriseERP: Yes No

User to Copy Permissions From: _____