## Employee Payroll Records Transmittal

Complete this form when an employee separates state service or transfers to another agency or sub-agency. The losing agency completes this form and forwards to the gaining agency. Keep a copy of this form and all documents for your records.

Employee Last Name:
Personnel Number:
Agency:
First Name:

## Leave Balance as of Last Day of Employment

Enter the balance reflected in the Leave System. Unless losing agency is DOL, DOR, ECY, LCB, or LNI, losing agency will need to make any necessary Quota Corrections in HRMS to ensure it reflects an accurate leave balance.

Transfer from DOT, DOL, DOR, ECY, LCB, LNI, or WSDOT?YesNo
If yes, gaining agency must make HRMS Quota Corrections.
Are accruals included in leave balance for month of separation?YesNo

FMLA used in previous 12 months? $\bigcirc$ Yes $\bigcirc$
Personal Holiday taken? $\bigcirc$ Yes $\bigcirc$ No
Personal Leave Day taken for Fiscal Year?
Sick Leave balance end of prior year:
YTD Sick Leave accrued:
YTD Sick Leave taken:
Sick Leave balance:
Vacation Leave balance:

Hours:

Yes $\bigcirc$ No
Hours +
Hours -
Hours $=$
Hours
Hours

Comments:

Preparer certifies that information is true and correct to the best of their knowledge.
Preparer's Name:
Job Title:
Email: Phone: Date Prepared:

Agency/Division:
Contact Name (if known):
Email:
Phone:
Mail Stop/Address:
Please be sure to include the following documents if required:

EFT (Direct Deposit)
Credit Union Deduction Card
Union Card (if necessary)
Other Enrollment Forms

All past and current Life Insurance Forms
All past and current LTD Forms
Child Support Orders
All Medical \& Dental Enrollment forms

Other Current Deductions
Statewide Garnishment (not agency specific)
Retirement \& Beneficiary Forms (copies)
Leave Balance Report (copies)

