



# Interoffice Memo

DATE:

PHONE:

FROM:

(Receiving Department)

TO:

(Current Department)

**SUBJECT TRANSFERRING EMPLOYEE INFORMATION**

**PROPOSED START DATE**

We have been informed that the following employee will be transferring to our department. The payroll information that you provide below will assist us in preparing the necessary documents to complete this transfer.

*Must print in Black or Blue ink ONLY*

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>	
<b>Address, City, State, Zip Code</b>			<b>Telephone</b>
<b>Mailing Address (if different)</b>			<b>Date of Birth</b>

<b>Position No.</b>	<b>Job Code</b>	<b>Job Code Title</b>	
<b>Range/Step</b> /	<b>Next Step Due</b>	<b>Original Hire Date</b>	<b>Service Date</b>
<b>Opt-Out/Waiver of Medical and/or Dental Plan Coverage</b> <input type="checkbox"/> Yes, see attached copy <input type="checkbox"/> No			<b>Direct Deposit</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments:**