NOTICE OF TRANSFER

Emplyee's Name _____ Date _____

Social Security No. _____

Date change to become effective _____

- ❑ Employment
- ❑ Terminated
- ❑ Change of Classification
- ❑ Change in Rate of Pay
- ❑ Start or ❑ Stop Credit Union Deductions
- ❑ Start or ❑ Stop Hospitalization Insurance
- ❑ Start or ❑ Stop Accident Insurance
- ❑ Start or ❑ Stop Uniform Deductions
- ❑ Warning or Disciplinary Action
- ❑ Change of Shift - From [ ] Shift to [ ] Shift
- ❑ Other

Explanation _____