

## MFASIS HR Transfer Request

### Transfer Requested by:

Name \_\_\_\_\_

Dept Number \_\_\_\_\_

### Transfer Information:

Employee Name \_\_\_\_\_

Employee Number \_\_\_\_\_

Type of Transfer \_\_\_\_\_

Current Position Number \_\_\_\_\_

Current Department Number \_\_\_\_\_

New Department Number \_\_\_\_\_

Effective date of Transfer into receiving Department \_\_\_/\_\_\_/\_\_\_

First pay date in the new processing company \_\_\_/\_\_\_/\_\_\_

**OSC – Payroll Use Only**

Transfer transaction date: \_\_\_/\_\_\_/\_\_\_

By(initials): \_\_\_\_\_