

Employee \_\_\_\_\_ Title \_\_\_\_\_

Current Department \_\_\_\_\_ Transferring to \_\_\_\_\_ Date of Transfer \_\_\_\_\_

This form must be completed for all employees transferring from one department to another at SUNY New Paltz.

It is the responsibility of the immediate supervisor to initiate this form prior to the employee's last day in department.

The supervisor must notify the offices listed that the employee will be transferring to another department, and get that office's verification that all outstanding items have been returned or cleared. The "Initials" column may be completed by the supervisor or by a representative of the department receiving the item.

When all items are cleared, the supervisor and the employee both sign and date the form. The form and all corresponding documentation must be returned to the Internal Controls Office (HAB 302) no more than 10 business days after the employee's transfer. (Note: If any item(s) cannot be completed, this should be indicated on the form and Internal Controls will follow up.) Please keep a copy for yourself.

INITIALS N/A  
(✓)

		<b>Department</b> – return of equipment and or items	–	Supervisor
		<b>IT</b> – change and/or remove departmental access	x3130	HAB 50
		<b>Facilities</b> – return/exchange all (i.e. office, building) keys	x3308	SB 103
		<b>System Security</b> - remove access to SUNY and NYS systems	x3272	HAB 904
		<b>Accounts Payable</b> – outstanding paperwork and or charges	x3179	HAB 304
		<b>Travel and/or Net Card</b>	x3178	HAB 302
		<b>Cell Phone</b> and/or charges		
		<b>Procurement</b> – VISA pro card/change department account	x3197	HAB 307

The above offices have been contacted and all items have been cleared, unless otherwise stated. All State property issued or borrowed has been returned and all monies due have been paid.

Supervisor/Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_