

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
(✓)

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|--|---|-------|------------------------------|
| | Department – return of equipment and or items | – | Supervisor |
| | Computer Services – change departmental access (LAN/Banner) | x3130 | Martha Teck - HAB 50 |
| | Facilities – return/exchange all (i.e. office, building) keys | x3308 | Nancy Higgins - SB 103 |
| | Security – remove/change access to SMRT/Webconnect /OSC | x3272 | Julie Majak - HAB 904 |
| | Accounts Payable – outstanding paperwork and or charges | x3179 | Sharon Countryman HAB 304 |
| | Travel and/or Net Card | x3191 | Maureen Maxwell HAB 302 |
| | Cell Phone and/or charges | | |
| | Procurement – VISA pro card/change department account | x3197 | Yolanda Howell 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 _____