



REQUEST FOR EMPLOYEE INFORMATION

EMPLOYEE PERSONNEL FOLDER

PLEASE PRINT OR TYPE

EMPLOYEE NAME

EMPLOYEE ID #

TRANSFER FROM (Agency)

TRANSFER TO (Agency)

SALARY RELATED INFORMATION

GROSS SALARY

RECOGNIZED SERVICE DATE

VACATION ACCRUAL RATE

PERSONAL BUSINESS LEAVE BALANCE

SICK LEAVE BALANCE

VACATION LEAVE BALANCE

OTHER PAID LEAVE(S) BALANCE (e.g., Military)

RETIREMENT RELATED INFORMATION

PRERETIREMENT LEAVE BALANCE

PERS NUMBER

VOLUNTARY DEDUCTIONS

UNION DUES

SAVINGS BOND

SUPPORT PAYMENTS

CREDIT UNION

HEALTH INSURANCE

DENTAL

LIFE INSURANCE

AD&D INSURANCE

DEPENDENT CARE ACCOUNT

PARKING

CHARITABLE CONTRIBUTIONS

MISCELLANEOUS (SPECIFY)

DATE OF LAST DEDUCTIONS

NAME & PHONE NUMBER OF CONTACT PERSON AT FORMER AGENCY

COMMENTS

SEND FOLDER TO

SIGNATURE / DATE

PLEASE COMPLETE OTHER SIDE OF FORM IF LESS THAN TWELVE (12) MONTHS SINCE SEPARATION.

**COMPLETE THIS SIDE IF LESS THAN TWELVE (12) MONTHS HAVE ELAPSED
SINCE EMPLOYEE SEPARATED OR TRANSFERRED FROM YOUR AGENCY.**

Please forward all original enrollment forms, change forms, and approvals for coverages sponsored by the Public Employee's Benefit Board (PEBB) with the employee personnel file.

FMLA / OFLA

Federal Family Medical Leave (FMLA) used in the last twelve (12) month period just prior to transfer/separation.

CHECK ONE	
	Not applicable. It has been more than twelve (12) months since employee left.
	None used.
	The following FMLA leave was used:

Oregon Family Medical Leave (OFLA) used in the last twelve (12) month period just prior to transfer/separation.

CHECK ONE	
	Not applicable. It has been more than twelve (12) months since employee left.
	None used.
	The following FMLA leave was used:

ADDITIONAL COMMENTS