

EMPLOYEE TRANSFER DATA

(As of Date of Departmental Separation)

STD 612 (Rev. 05/2018)

SEE REVERSE FOR INSTRUCTIONS

SECTION I

TO (NEW APPOINTING DEPARTMENT)				FROM (RELEASING DEPARTMENT)																																								
ATTENTION:		TELEPHONE NUMBER <i>(Public)</i>	PERSONNEL SERVICES SPECIALIST / PAYROLL TECHNICIAN	TELEPHONE NUMBER <i>(Public)</i>																																								
		<i>(ATSS)</i>		<i>(ATSS)</i>																																								
EMPLOYEE NAME				SOCIAL SECURITY NUMBER		BIRTH DATE	CB ID																																					
TO <i>(PROPOSED CLASS)</i>	APPOINTMENT DATE <i>(PROPOSED)</i>	TENURE	TIME BASE	FROM <i>(CURRENT CLASS)</i>	SEPARATION DATE	TENURE	TIME BASE																																					
	CLASS CODE	CLASS TITLE			CLASS CODE	CLASS TITLE																																						
PAYROLL DEDUCTIONS <small>(If employee has deduction code 25, 38, 39, 47, or 339, attach a copy of STD 458, STD 459, or STD 639)</small>				TAX WITHHOLDING <small>(ENTER MARITAL STATUS CODE AND NUMBER OF EXEMPTIONS)</small> <small>(FEDERAL) (STATE) (ADDITIONAL STATE)</small>																																								
CODE NUMBER	AMOUNT	CODE NUMBER	AMOUNT	IS EMPLOYEE ENROLLED IN: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>NO</td> <td>NOT ELIG.</td> <td>SPECIAL COMMENTS</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> HAS BEEN CANCELLED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> ENHANCED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> PRE-TAX <input type="checkbox"/> CASH OPTION</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> MED REIMB. <input type="checkbox"/> DEP. REIMB</td> </tr> </table>		YES	NO	NOT ELIG.	SPECIAL COMMENTS				<input type="checkbox"/> HAS BEEN CANCELLED								<input type="checkbox"/> ENHANCED																<input type="checkbox"/> PRE-TAX <input type="checkbox"/> CASH OPTION				<input type="checkbox"/> MED REIMB. <input type="checkbox"/> DEP. REIMB			
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LAST PAY PERIOD NET PAY	BASED ON SALARY RATE	TIME PAID <input type="checkbox"/> STANDARD OR	(Days) (Hours)	FLEXELECT Program		ACAS Status Code																																						

SECTION II (See Reverse)

LEAVE CREDIT DATA / TOTAL STATE SERVICE AS OF SEPARATION DATE ABOVE - DO NOT INCLUDE CREDIT FOR CURRENT MONTH

AVAILABLE HOURS				ATO GRANTED BY GOV. TO BE USED BY JUNE 30	INCLUDES CREDIT FOR	VAC/ANN. LV. CODE	VAC/ANN. LV. CHANGE DATE	EMPLOYEE UNDER ANNUAL LV. PROGRAM		
SICK LEAVE	VAC/ANNUAL LV.	PERSONAL HOLIDAY	SATURDAY HOLIDAY		(MONTH / YEAR)			(Effective Date)		
	<input type="checkbox"/> YES - HOURS _____ <input type="checkbox"/> NO - USED _____	<input type="checkbox"/> YES - HOURS _____ <input type="checkbox"/> NO - USED _____	<input type="checkbox"/> YES - HOURS _____ <input type="checkbox"/> NO - USED _____	_____ Hrs.				<input type="checkbox"/> _____		
TOTAL STATE SERVICE			TOTAL HOURS ACCUMULATIVE TOWARDS				TOTAL SICK USED F.Y.	FAMILY CARE USED F.Y.	BEREAVEMENT LV. USED F.Y.	CAL. DAYS/HRS. MIL. LEAV DUR. CUR. F.Y.
YEARS	MONTHS	HOURS	MSA/SISA	VAC/ANN. LV.	F.Y. RET. HOURS	INS. PLANS	CAR. OVER HRS. S/L V/AL			
PROBATIONARY PERIOD COMPLETED		RIGHT OF RETURN		IF YES, TO WHICH AGENCY			IF YES, TO WHICH CLASS TITLE			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO								

SECTION III

ATTENDANCE FOR CURRENT PAY PERIOD	WORK WEEK PERIOD BEGINNING _____ THRU: _____ HOUR _____ AM _____ PM																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
REMARKS																														
PERSONAL LEAVE PROGRAM (PLP)																														
DATE PLP BEGAN														MOS. TOWARDS PLP																
RELEASING DEPARTMENT IS:																														
<input type="checkbox"/> GENERAL FUND														<input type="checkbox"/> NON-GENERAL FUND																
NEW APPOINTING POWER IS:																														
<input type="checkbox"/> GENERAL FUND														<input type="checkbox"/> NON-GENERAL FUND																
HRS. PLP CREDIT BEING TRANSFERRED														HRS. PLP CREDIT PAID OFF																

COPY OF LEAVE CARD ATTACHED

PAR ITEM 892 HAS BEEN COMPLETED AND SIGNED UNDER CONCURRING APPOINTING POWER
 YES NOT REQUIRED

SIGNATURE _____ TITLE _____ DATE _____

EMPLOYEE TRANSFER DATA*(As of Date of Departmental Separation)*

STD 612 (Rev. 05/2018) REVERSE

INSTRUCTIONS

It is the responsibility of the losing department to complete and forward the STD 612, Personnel Action Request, PAR STD 680, and Official Personnel Folder (OPF) to the gaining department within 15 calendar days.

- If the STD 612 is requested **PRIOR** to the effective date of the 'TO' class, the 15 calendar days is from the effective date of the 'TO' class.
- If the STD 612 is requested **AFTER** the effective date of the 'TO' class, the 15 calendar days is after the date of the request.

SECTION I

TO PROPOSED CLASS: Obtain information from gaining department at the time the STD 612 is requested. This will advise the losing department of the appointment date proposed for the 'TO' class and provide information that an employee may have a mandatory right back to the department (see Section II).

- **APPOINTMENT DATE (PROPOSED)**—Enter the appointment date proposed for the 'TO' class.
- **TENURE**—Enter the tenure of the 'TO' class.
- **CLASS CODE**—Enter the class code of the 'TO' class.
- **TIME BASE**—Enter the time base of the 'TO' class.
- **CLASS TITLE**—Enter the class title of the 'TO' class.

FROM CURRENT CLASS: Losing department is to complete items.

- **SEPARATION DATE**—Enter the last date employee will be carried on losing department's payroll.
- **TENURE**—Enter the tenure of the 'FROM' class.
- **CLASS CODE**—Enter the class code of the 'FROM' class.
- **TIME BASE**—Enter the time base of the 'FROM' class.
- **CLASS TITLE**—Enter the class title of the 'FROM' class.

PAYROLL DEDUCTIONS: Enter the deduction/organization codes for all deductions to be withheld from employee's warrant. If the employee has deductions codes 25, 38, 39, 47 or 339 withheld, attach a copy of the STD 458, STD 459 or STD 639 that established the deduction code.

TAX WITHHOLDING: Enter the marital status code and number of exemptions for Federal, State and Additional State Withholding.

EMPLOYEE ENROLLED IN: 'X' the appropriate column/box(es).

ACAS STATUS CODE: Enter the current ACA health benefit status code as reflected in the ACAS database.

LAST PAY PERIOD NET PAY: Enter the net amount of the last pay period warrant which withheld payroll deductions. (This will assist the gaining department in case a salary advance needs to be done.)

- **BASED ON SALARY RATE**—Enter the salary rate on which the 'LAST PAY PERIOD NET PAY' is based.
- **TIME PAID**—Check 'STANDARD' or enter the days and hours on which the 'LAST PAY PERIOD NET PAY' is based.

SECTION II

AVAILABLE HOURS SICK LEAVE, VAC/ANNUAL LEAVE, PERSONAL HOLIDAY, SATURDAY HOLIDAY: Enter the total hours available as of the date of separation. Deduct hours used up to the date of separation. **DO NOT INCLUDE CREDITS EARNED FOR THE MONTH OF SEPARATION. THE GAINING DEPARTMENT IS RESPONSIBLE TO CREDIT THE EMPLOYEE WITH LEAVE CREDITS.**

ATO GRANTED BY GOV. TO BE USED BY JUNE 30: Enter the number of ATO hours available to be used by June 30.

SECTION II (Continued)

INCLUDES CREDITS FOR: Enter the last month/year credit was given for sick, vac/ann. leave credits and state service.

VAC/ANN. LV. CODE: Enter the appropriate code and hours of earning rate.

VAC/ANN. LV. CHANGE DATE: Enter the month/year of the next change date.

EMPLOYEE UNDER ANNUAL LEAVE PROGRAM: 'X' box and enter the date the employee was placed in the Annual Leave program.

TOTAL STATE SERVICE: Enter the Years/Months/Hours of state service as of the date of separation. **DO NOT INCLUDE CREDITS FOR THE MONTH OF SEPARATION. THE GAINING DEPARTMENT IS RESPONSIBLE TO CREDIT THE EMPLOYEE WITH STATE SERVICE.**

TOTAL HOURS ACCUMULATIVE TOWARDS: To be completed for an Intermittent/Indeterminate employee. Enter the appropriate hours or 'N/A' if not applicable.

TOTAL SICK, FAMILY SICK, BEREAVEMENT LEAVE, CAL. DAYS/HRS MILITARY LEAVE: Enter the hours or days used for the fiscal year.

PROBATIONARY PERIOD COMPLETED: 'X' the appropriate box.

RIGHT OF RETURN: 'X' the appropriate box.

- **IF YES, TO WHICH AGENCY**—Enter the name of the agency to which the employee has the right of return.
- **IF YES, TO WHICH CLASS TITLE**—Enter the name of the class title to which the employee has right of return.

SECTION III

ATTENDANCE FOR CURRENT PAY PERIOD: Enter the attendance for the current pay period. Reflect all leave credits used during the pay period. Deduct the leave usage from available credits and enter in Section II.

WORK WEEK PERIOD BEGINNING/HOUR: Enter the first day, ending day and starting hour of the employee's work week.

REMARKS: Enter any special comments, i.e., "Employee on 9/80 schedule with every other Friday off. Time to be paid off reflects this schedule. Excess hours of 24 hours is being paid off."

COPY OF LEAVE CARD ATTACHED: 'X' box if leave card or automated leave system summary is attached.

PAR ITEM 892 COMPLETED AND SIGNED UNDER CONCURRING APPOINTMENT POWER: 'X' appropriate box.