**Employee Transfer Checklist Template**

**Employee Information
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Current Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Current Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Transfer Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**

### **Transfer Checklist**

| **Task** | **Assigned To** | **Completed (Yes/No)** | **Date Completed** |
| --- | --- | --- | --- |
| **Employee Notified of Transfer** | **HR Department** | **☐ Yes ☐ No** | **\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_** |
| **New Role Confirmation** | **Hiring Manager** | **☐ Yes ☐ No** | **\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_** |
| **Updated Employment Contract** | **HR Department** | **☐ Yes ☐ No** | **\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_** |
| **Training Requirements Identified** | **Training Coordinator** | **☐ Yes ☐ No** | **\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_** |
| **IT Access and Equipment Transfer** | **IT Department** | **☐ Yes ☐ No** | **\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_** |
| **Benefits and Payroll Adjustments** | **HR Payroll** | **☐ Yes ☐ No** | **\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_** |
| **Final Approval from Management** | **Management** | **☐ Yes ☐ No** | **\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_** |

**Signatures and Approvals
Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**

**Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**

**HR Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**