

# 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ / ____ _____
New Role Confirmation	Hiring Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ / ____ _____
Updated Employment Contract	HR Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ / ____ _____
Training Requirements Identified	Training Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ / ____ _____
IT Access and Equipment Transfer	IT Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ / ____ _____
Benefits and Payroll Adjustments	HR Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ / ____ _____
Final Approval from Management	Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	____ / ____ / ____ _____

**Signatures and Approvals**

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**HR Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_