

Roman Catholic Diocese of Lexington

OFFICIAL NOTICE OF TRANSFER OF EMPLOYMENT

A copy of this form must be sent to the Risk Management Office at the Roman Catholic Diocese of Lexington upon transfer of employment. Please make sure that all information is complete. It is important that the principal or supervisor of the employee whose employment is transferring signs the form.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Date of Transfer: _____

Social Security #: _____ Position Held: _____

Balance of Available: Sick Time: _____ hours Paid Time Off/Vacation: _____ hours

Which location is the Employee transferring to? _____

On what date is the transfer occurring? _____

Signature of Supervisor/Principal: _____ Date: _____

Location of Employment: _____ Location #: _____

Return to: Roman Catholic Diocese of Lexington Keep copy for your files
Risk Management Office
1310 W. Main St.
Lexington KY 40508-2048

For Roman Catholic Diocese of Lexington use only:

Transferred in:	Deductions:	Copy for:
HRB _____	UMR _____	EE File _____
EZLabor _____	Delta Dental _____	PR File _____
Payex _____	Other _____	T/T File _____