

SUNY Upstate Medical University

Nursing Employee Transfer Form

Instructions: This form must be completed prior to the date an employee transfers within SUNY Upstate Medical University.

Employee: Complete the information below, sign, and forward to immediate supervisor prior to transfer date within Upstate Medical University.

Supervisor: Review and sign the form below. Once completed please forward to Nursing Business Operations- Room 1118 or NBO@upstate.edu.

For further information please refer to the Employee Transfer policy (NDM B-22 or NDM B-21) or call NBO at 315-464-4420.

****If employee is separating from Upstate Medical University or changing employer at Upstate Medical University (state to research, state to MedBest) complete Employee Separation in Self-Serve****

Employee Name: _____

Upstate ID#: _____

Current Department: _____

Department transferring to: _____

Date of Transfer: _____

Employee Comments (Optional): _____

I confirm that any and all property that I had possession of during my employment that is owned by SUNY Upstate Medical University has been returned to my immediate supervisor or to the appropriate department.

Employee Signature

Date

Supervisor Signature

Date