

# 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](mailto: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