

REQUIRED INFORMATION FOR EMPLOYEE TRANSFERS

The following information is required in order to transfer an employee to another campus department. Because this information is forwarded to Baltimore and Annapolis, it is imperative that all information be accurate. Please forward this completed form, either by fax or campus mail, to the Office of Human Resources as soon as the offer has been accepted.

_____		_____		_____
Last Name		First Name		Middle Initial
_____		_____		_____
Date of Birth	Sex	Race	Social Security Number	
_____		_____		_____
Date of Transfer		Salary	Staff or Administrative	
_____		_____		_____
Job Title (exactly as it should be typed on contract)				

Department			Supervisor	
_____			_____	

References checked by: _____

I certify that the above-named individual has accepted our offer of employment and will be transferred to my department. The information provided is correct to the best of my knowledge.

Once you've completed and saved this form, please email your document to: hr@smcm.edu

_____		_____
Department Head		Date
_____		_____
Assistant Vice President of Human Resources		Date