

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: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ 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  
Risk Management Office  
1310 W. Main St.  
Lexington KY 40508-2048

Keep copy for your files

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For Roman Catholic Diocese of Lexington use only:

Transferred in:  
HRB \_\_\_\_\_  
EZLabor \_\_\_\_\_  
Payex \_\_\_\_\_

Deductions:  
Cigna \_\_\_\_\_  
Delta Dental \_\_\_\_\_  
Other \_\_\_\_\_

Copy for:  
EE File \_\_\_\_\_  
PR File \_\_\_\_\_  
T/T File \_\_\_\_\_