**Intra-Agency Transfer**

Complete this form for employees transferring between positions of the same type (e.g., hourly to hourly or salaried to salaried.) within the same agency. Fields marked with an asterisk (\*) are required. For assistance filling out this form, reach out to your HR administrator or refer to the job aid   
HR351\_Managing the Intra-Agency Transfer Process on the Cardinal website at: [www.cardinalproject.virginia.gov/job-aids](http://www.cardinalproject.virginia.gov/job-aids).

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov) with "Cardinal" in the subject line.

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| **Job Data Information** | | |
| --- | --- | --- |
| Employee ID\*  11 digits |  | |
| Employee Name\* |  | |
| Employee Record\* |  | |
| Effective Date\*  (MM/DD/YYYY) |  | |
| Action\* | Transfer | |
| Reason\* | Competitive Lateral  Demotion in Lieu of LOF  XFR Demotion Perf/Discipline  Lateral Perf/Discipline  XFR Non Covered Pos | Non-Competitive Lateral  Placement Lieu of LOF  Promotion  Reassignment  Voluntary Demotion |
| New Position Number\* |  | |
| **Job Information** | | |
| Empl Class |  | |
| Standard Hours |  | |
| **Payroll** | | |
| Pay Group |  | |

|  |  |
| --- | --- |
| Tax Location Code |  |
| Holiday Schedule |  |
| **Compensation** | |
| Frequency  (Choose One) | Annual  Bi-weekly  Daily  Hourly  Monthly  PAY18  PAY20  PAY22  Weekly  Semi-monthly |
| Hourly Rate  (If Hourly) | $ |
| State Rate  (Salary, Annual) | $ |
| Non-State Rate  (Salary) | $ |
| Special Pay | $ |

**Employee Intra-Transfer from Wage to Salary Position**

Complete this form to transfer an employee from a wage to salary position within the same agency. Fields marked with an asterisk (\*) are required. For assistance filling out this form, reach out to your HR administrator or refer to the job aid HR351: Managing the Intra-Agency Transfer Process on the Cardinal website at: [www.cardinalproject.virginia.gov/job-aids](http://www.cardinalproject.virginia.gov/job-aids).

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov) with "Cardinal" in the subject line.

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|  |  |
| --- | --- |
| **Terminate from Wage Position** | |
| Employee ID\* |  |
| Employee Name\* |  |
| Employee Record\* |  |
| Effective Date\*  (MM/DD/YYYY) |  |
| Action\* | Termination |
| Reason\* | Resignation |
| **Hire Into Salaried Position** | |
| Effective Date\*  (MM/DD/YYYY) |  |
| Action\* | Hire |
| Reason\* | New Hire |
| Position Number\* |  |
| **Job Information** | |
| Empl Class\* |  |
| Standard Hours |  |
| **Payroll** | |
| Pay Group\* |  |
| Holiday Schedule |  |
| Employee Type\* | S |
| Tax Location Code\* |  |
| **Absence Management** | |
| Absence System\* | Absence Management  Other |
| Eligibility Group  (Required if Absence System=Absence Management) |  |
| **Compensation** | |
| Frequency | PAY18  PAY20  PAY22  Annual  Semi-monthly |
| State Pay | $ |
| Non-State Pay | $ |
| Special Pay | $ |
| Currency | USD |
| Frequency | A |
| **Benefits Program Participation** | |
| Elig Fld 2  Health Subgroup Number |  |
| Elig Fld 3  Timekeeping |  |
| Elig Fld 8  Months-Pays |  |
| Elig Fld 9  Health |  |
| **Employment Data** | |
| Agency Use Field 1 |  |
| Agency Use Field 2 |  |
| Agency Use Field 3 |  |
| Employee Eligible for Telework?\*  (Previously “Work Mode”) | ☐ Employee Eligible for Telework  ☐ Employee Inelig for Telework  ☐ Mobile Worker |
| Tenure Status/Contract Type |  |
| VSDP Effective Date  MM/DD/YYYY |  |
| Alternate Work Schedule | Yes  No |
| Previous Months of Service |  |

**Inter-Agency Transfer**

Complete this form to transfer an employee between agencies. The sending agency should complete the “Transfer Out” portion of this form, and the receiving agency should complete the “Transfer In” portion of the form. Fields marked with an asterisk (\*) are required. For assistance filling out this form, reach out to your HR administrator or refer to the HR351\_Managing an Inter-Agency Transfer job aid on the Cardinal website at: [www.cardinalproject.virginia.gov/job-aids](http://www.cardinalproject.virginia.gov/job-aids).

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov) with "Cardinal" in the subject line.

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|  |  |
| --- | --- |
| **Transfer Out** | |
| Employee ID\* |  |
| Employee Name\* |  |
| Employee Record\* |  |
| Effective Date\*  (MM/DD/YYYY) |  |
| Action\* | Termination |
| Reason\* | Transfer Out |

|  |  |  |
| --- | --- | --- |
| **Transfer In** | | |
| Effective Date\*  (MM/DD/YYYY) |  | |
| Action\* | Hire | |
| Reason\*  (Choose One) | Reassignment  Hire-VRSRT use only  New Hire  Hir ORP Ret  Hire-VRS Use Only  Transfer In Comp Lateral | Transfer In from Layoff-NoCard  Transfer In Non-Competitive  Transfer In Promotion  Transfer In Inter-Agency Reorg  Transfer In Demotion  Transfer In Layoff Place-Card |
| Position Number\* |  | |
| **Job Information tab** | | |
| Empl Class\* |  | |
| **Payroll** | | |
| Pay Group\* |  | |
| Holiday Schedule |  | |
| Employee Type\* |  | |
| Tax Location Code\* |  | |
| **Absence Management** | | |
| Absence Management\* | Absence Management  Other | |
| Eligibility Group  (Required if Absence System=Absence Management) |  | |
| **Compensation tab** | | |
| Frequency  (Choose One) | Annual  Bi-weekly  Daily  Hourly  Monthly  PAY18  PAY20  PAY22  Weekly  Semi-monthly | |
| Hourly Rate  (If Hourly) | $ | |
| State Rate  (Salary, Annual) | $ | |
| Non-State Rate  (Salary) | $ | |
| Special Pay | $ | |
| **Benefits Program Participation** | | |
| Elig Fld 2  Health Subgroup Number |  | |
| Elig Fld 3  Timekeeping |  | |
| Elig Fld 8  Months-Pays |  | |
| Elig Fld 9  Health & Bill Premium |  | |

**Leave of Absence**

Fill out the top half of this form to place an employee on a leave of absence. Use the bottom half of the form to return an employee from a leave of absence. Fields marked with an asterisk (\*) are required. For assistance filling out this form, please reach out to your HR Administrator or refer to the HR351\_Managing Leaves of Absence (Paid and Unpaid) on the Cardinal website: cardinalproject.virginia.gov/job-aids.

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov) with "Cardinal" in the subject line.

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|  |  |  |
| --- | --- | --- |
| **Employee Information – Paid Leave** | | |
| Employee ID\* |  | |
| Employee Name\* |  | |
| Employee Record\* |  | |
| Effective Date\*  (MM/DD/YYYY) |  | |
| Action\* | Paid Leave of Absence | |
| Reason\*  (Choose One) | Administrative Leave  Educational Leave  FMLA  LTD-W Conversion  Long-Term Disability-Working  STD-Worker’s Comp  Short Term Disability-Working  Short-Term Disability | Medical - Traditional  Military Service  Organ Donation  Parental Leave  Personal  Workers Comp  Workers Comp-Traditional |
| STD Claim Number |  | |
| Expected Return Date |  | |
| Turn Off Auto Pay | Yes  No | |

|  |  |  |
| --- | --- | --- |
| **Employee Information – Unpaid Leave** | | |
| Employee ID\* |  | |
| Employee Name\* |  | |
| Employee Record\* |  | |
| Effective Date\*  (MM/DD/YYYY) |  | |
| Action\* | Leave of Absence - Unpaid | |
| Reason\*  (Choose One) | Education Leave  FMLA – EE Medical  FMLA – Family Member  FMLA – Parental Leave  Leave of Absence Personal | Military Service  Non-FMLA Medical  Non-FMLA Parental Leave  ORP – Long Term Disab  Workers Compensation |
| STD Claim Number |  | |
| Expected Return Date |  | |
| Turn Off Auto Pay | Yes  No | |

|  |  |
| --- | --- |
| **Return From Leave** | |
| Employee ID\* |  |
| Employee Name\* |  |
| Effective Date\*  (MM/DD/YYYY) |  |
| Action\* | Return From Leave |
| Reason\* | Return From Leave |
| Turn Off Auto Pay | Yes  No |

**Update Employee Compensation**

Use this form to update an employee’s compensation. This form can be used for both salaried and hourly employees. Fields marked with an asterisk (\*) are required. For assistance filling out this form, please reach out to your HR Administrator or refer to the HR351\_Updating an Employee’s Compensation job aid on the Cardinal website at: [www.cardinalproject.virginia.gov/job-aids](http://www.cardinalproject.virginia.gov/job-aids).

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|  |  |  |
| --- | --- | --- |
| **Employee Compensation** | | |
| Employee ID\* |  | |
| Employee Name\* |  | |
| Employee Record\* |  | |
| Effective Date\*  (MM/DD/YYYY) |  | |
| Action\* | Pay Rate Change | |
| Reason\*  (Choose One) | Additional Duties  Internal Alignment  Agency – Wide Increase  Competitive Salary Offer  Disciplinary Pay Reduction  Faculty Pay Change  Hrly Rate Change (Wge Only)  New KSAs | Pay Correction  Job Reclass Downward  Retention  Job Reclass Lateral  Reduction of Duties  Job Reclass Upward  Agy Special Rate  Statewide Increase |
| **Compensation tab** | | |
| Frequency\*  (Choose One) | Annual  Bi-weekly  Daily  Hourly  Monthly  PAY18  PAY20  PAY22  Weekly Semi-monthly | |
| **Pay Components Section** | | |
| State Pay  (Salary) | $ | |
| Hourly Rate  (If Hourly) | $ | |
| Non-State Pay  (Salary) | $ | |
| Special Pay | $ | |
| Frequency | Annual  Hourly | |

**Terminations**

Fill out this form to complete a termination. Mark the effective date to be **after** the employee’s last day worked (e.g., If their last day is Monday, the effective date should be Tuesday.) Fields marked with an asterisk (\*) are required. For assistance filling out this form, reach out to your HR Administrator or refer to the HR351\_Separation Statuses job aid on the Cardinal website at:  
 [www.cardinalproject.virginia.gov/job-aids](http://www.cardinalproject.virginia.gov/job-aids).

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|  |  |  |
| --- | --- | --- |
| **Terminate Employee** | | |
| Employee ID\* |  | |
| Employee Name\* |  | |
| Employee Record\* |  | |
| Effective Date\*  (MM/DD/YYYY) |  | |
| Action\* | Termination | |
| Reason\*  (Choose One) | COBRA POI Termination  Death  Resign Dissatisfied  Death with Dependent  Resign During Probation  Resign Family Reasons  Resign Health Reasons  Invol-Faculty Non-VPA  Layoff to Wage Job  Transfer to Locality  Layoff  Termination - LTD | Termination – LTD Work Comp  Invol-Failure to RFL  Resign Relocation  Resignation  In Lieu of - Termination  Invol-Unsatisf Perf on Prob  Invol-Unable to Perform Duties  Resign Military Service  Invol-Violation of SOC  Term VRS Use Only  Transfer Out  Transfer out – LOF Placement |

**Retirement**

Fill out this form to complete a retirement. Mark the effective date to be **after** the employee’s last day worked (e.g., If their last day is Monday, the effective date should be Tuesday.) Fields marked with an asterisk (\*) are required. For assistance filling out this form, reach out to your HR Administrator or refer to the HR351\_Separation Statuses job aid on the Cardinal website at:   
[www.cardinalproject.virginia.gov/job-aids](http://www.cardinalproject.virginia.gov/job-aids).

Prior to submitting, verify the information being provided is compliant with existing Commonwealth and/or agency policies.  If further assistance is required, please open a Cardinal Helpdesk ticket by emailing the VITA Customer Care Center at [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov) with "Cardinal" in the subject line.

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|  |  |  |
| --- | --- | --- |
| **Retire Employee** | | |
| Employee ID\* |  | |
| Employee Name\* |  | |
| Employee Record\* |  | |
| Effective Date\*  (MM/DD/YYYY) |  | |
| Action\* | Retirement | |
| Reason\*  (Choose One) | Disability Retirement  Enhanced Retirement  LOF SEV Service Retirement | Retirement - ORP  Retirement in Lieu of LOF  Service Retirement |