**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 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 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 2Health Subgroup Number |  |
| Elig Fld 3Timekeeping |  |
| Elig Fld 8Months-Pays |  |
| Elig Fld 9Health |  |
| **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 DateMM/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 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 2Health Subgroup Number |  |
| Elig Fld 3Timekeeping |  |
| Elig Fld 8Months-Pays |  |
| Elig Fld 9Health & 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 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).

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 with "Cardinal" in the subject line.

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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).

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 with "Cardinal" in the subject line.

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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 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  |