



## EMPLOYEE PERSONNEL/PAYROLL RECORDS TRANSMITTAL

INSTRUCTIONS: This form replaces the SF-314. Use when an employee terminates state service or transfers to another agency or sub-agency. The losing agency completes this form and forwards to the gaining agency **OR** retains according to your agency's records retention schedule.

|   |                               |   |  |   |  |                                 |                             |                               |                                |
|---|-------------------------------|---|--|---|--|---------------------------------|-----------------------------|-------------------------------|--------------------------------|
| Employee Last Name  |                               | First Name                                | Middle Name  | Employee ID Number                              | Agency/Sub-Agency/Division             |                                 |                             |                               |                                |
| Last Day Carried By Losing Agency/Sub-Agency  |                               | Termination Action Code                   | Are Accruals Included In Leave Balance For Month Of Separation?<br>Yes      No |   | Personal Holiday Taken?<br>Yes      No |                                 | If Yes, Date Taken?         |                               |                                |
| <b>LEAVE BALANCE: AS OF LAST DAY OF EMPLOYMENT - Enter the balance reflected in the Leave System making the necessary adjustments for leave accrued and taken during the month of separation/termination. Also show any corrections not reflected in the system. Ensure buyout is in balance: V + Z - X = S</b> |                               |   |  |   |  |                                 |                             |                               |                                |
| <b>A</b> – Annual Leave Balance   | <b>S</b> – Sick Leave Balance | <b>V</b> – YTD Accrued Sick Leave Balance | <b>X</b> – YTD Sick Leave Taken  | <b>Z</b> – Sick Leave Balance End of Prior Year | <b>M</b> – Military Leave Balance      | <b>G</b> – Shared Leave Balance | Career Shared Leave Balance | <b>W</b> – LWOP Leave Balance | FMLA Used & Related Timeframes |
| Hours   | Hours                         | Hours                                     | Hours  | Hours   | Hours                                  | Hours                           | Hours                       | Hours                         |                                |
| Remarks - Payroll   |                               |   |  |   |  |                                 |                             |                               |                                |
| Preparer's Phone  |                               | Date                                      | Preparer's Email Address   |   | Preparer's Title                       |                                 | Preparer's Name             |                               |                                |
| Last Job Assignment Class Title   |                               |   |  |   | Office or Division                     |                                 |                             |                               |                                |
| Reason for Leaving  |                               |   |  |   |  |                                 |                             |                               |                                |
| Remarks - Personnel   |                               |   |  |   |  |                                 |                             |                               |                                |
| <b>FROM</b>   |                               |   |  |   |  |                                 |                             |                               |                                |
| Sender's Name (If Different From Above)   |                               |   | Title  |   | Email Address                          |                                 | Mail Stop/Address           | Sender's Phone                |                                |
| <b>TO</b>   |                               |   |  |   |  |                                 |                             |                               |                                |
| Agency/Division   |                               |   | Contact Name (If Known)  |   | Contact's Email Address                |                                 | Mail Stop/Address           | Contact's Phone               |                                |

The Public Records Act, RCW 42.17.250, et. seq., requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department of Personnel will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.