

Transfer in Department of... (New Agency) Checklist

(**This is for employees who are transferring FROM our agency and being gained by a NEW federal agency**)

Unit/Wing Information:

Unit/Wing: _____

Remote Name: _____

New Agency Information:

New Agency Contact Name: _____ Contact Information: _____

Start Date with new agency: _____ FERS: ___ CSRS ___

Employee Information:

Name: _____ Social Security Number: _____

Address: _____ City _____ Zip _____

Employee Benefit Information:

1. Does employee have FEGLI: yes ___ no ___

2. Does employee have FEHB: yes ___ no ___

3. Does employee have TSP: yes ___ (if yes complete items below, as applicable) no ___

a. Tax deferred: ___% OR \$ _____

b. Roth: ___% OR \$ _____

4. Does employee have a TSP loan: yes ___ (if yes complete items below, as applicable) no ___

a. First Loan Account Number: _____ Payment Amount: \$ _____

b. First Loan Account Number: _____ Payment Amount: \$ _____

****Upload Action to DCPDS and contact HRO POC (Team 2: SSG Techau/Team 3: SGT Siddons) ****

_____/_____
Signature Date

Human Resources Office Complete Below Information (initial when complete):

___ Made contact with gaining agency

___ Checked for retention/recruitment/relocation incentive

___ Received pick up SF50 from gaining agency

___ Completed TSP 19 (if applicable)

___ Completed transfer action in DCPDS

___ Completed eOPF transfer to new agency or archives