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WWW.OCERS.ORG

## **EMPLOYEE TRANSFER NOTICE**

**Please complete all sections on the form** for employees that separate service with our agency and then transfer to another agency. Please send completed form by mail, pony or fax to OCERS at the address/fax number listed above. This form allows OCERS to keep an accurate record of employment history for the employee listed below. Thank you for your assistance.

Today's date:

To: OCERS Benefit Technician  
OCERS - Member Services Division

Agency Name:

Employee's Name:

Social Security #: XXX-XX-

Status (check one): Full Time Part Time

What agency did employee transfer to?

Last Day on Pay:

Effective Date of Separation:

Member's forwarding address  
and phone no.:

### **AGENCY CERTIFICATION:**

Certified by:

Date:

Phone:

Email: