

NEW MEXICO HIGHLANDS UNIVERSITY

Employee Transfer Form

Employees transferring departments within the University in accordance with policy, must complete this form **before** or **on the last work day** in the previous department. The employee is responsible for obtaining the transfer form & required signatures. The employee may be allowed up to two (2) hours administrative leave to obtain all required signatures before returning the completed form to the Human Resources Department.

EMPLOYEE NAME: _____ SS# _____ Banner ID @ _____

MAILING ADDRESS: _____ PHONE#: _____

CITY: _____ STATE: _____ ZIP: _____

NMHU USERNAME: _____ NMHU OFFICE EXT: _____ DEPT: _____

LAST DAY OF EMPLOYMENT: _____ DEPT TRANSFER: _____

The following clearance and approvals must be obtained before Business Office clearance.

Facilities Management Clearance: _____
(Equipment/Keys) Dept. Director/Locksmith Date

Information Technology Services: _____
(Computer Clearance) Authorized Signature Date

Employee Department Clearance: _____
(Equipment/Other University Property) Dept. Head/Director Date

I, the undersigned employee, authorized the University to deduct the full unpaid balance of all debts owed to the University from any wages or other monies owed to me by the University at the time of my separation. If the foregoing deductions are not made for whatever reason, I promise to repay the remaining balance in cash or by certified or cashier's check not later than the final day of my active employment. If I fail for any reason to make timely repayment of the debt, then I further agree and promise to pay the University the reasonable costs and fees, if any, incurred by the University in collecting the unpaid balance, including collection agency and or attorney's fees.

NOTE: Final Paycheck from NMHU will not be directly deposited to your bank or financial institution. This paycheck must be picked up from the Human Resources Office, or it can be mailed upon written request to Human Resources.

Date transfer form returned to
Human Resource Department

Employee Signature

Human Resource Signature

Date

Date