



2223 E. WELLINGTON AVENUE, SUITE 100, SANTA ANA, CA 92701
PHONE: 714.558.6200 ● FAX: 714.558.6234
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: