



JOHNS HOPKINS  
MEDICINE

JOHNS HOPKINS HEALTH SYSTEM CORPORATION  
THE JOHNS HOPKINS HOSPITAL

*Inter-Affiliate / Inter Org. Transfer Checklist*

*\*NOTE: The transfer of benefits under this policy applies only when the employee has worked at the forwarding organization for a minimum of 90 calendar days prior to the date of transfer. The employee must currently have the benefit at the time of the transfer in order for the receiving organization to recognize and give credit for that benefit where applicable.*

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

PERNRL #: \_\_\_\_\_

EMPLOYEE ID # ORIGINAL POSITION: \_\_\_\_\_

EMPLOYEE ID # NEW POSITION: \_\_\_\_\_

ORIGINAL DATE OF HIRE: \_\_\_\_\_

ACCRUAL BEGIN DATE: \_\_\_\_\_

SENIORITY DATE: \_\_\_\_\_

TERMINATION DATE FROM FORWARDING AFFLIATE: \_\_\_\_\_

DATE OF ISR TERMINATION: \_\_\_\_\_ DOCUMENT #: \_\_\_\_\_

CURRENT ORGANIZATION: \_\_\_\_\_

RECEIVING ORGANIZATION: \_\_\_\_\_

**BENEFITS AFFECTED BY TRANSFER:**

VACATION TRANSFERRED TO VACATION: \_\_\_\_\_ HRS.

PTO TRANSFERRED TO PTO: \_\_\_\_\_ HRS.

SICK LEAVE TRANSFERRED TO SICK: \_\_\_\_\_ HRS.

HOLIDAY (HOME CARE ONLY) \_\_\_\_\_ HRS.

PTO/ VACATION PAY OUT \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

LAST DATE EMPLOYEE REVIEWED IN POSITION BEFORE TRANSFER: \_\_\_\_\_

EDUCATIONAL ASSISTANCE: YES \_\_\_\_\_ NO \_\_\_\_\_

*\*If tuition reimbursement was approved prior to the transfer it will be paid by the forwarding affiliate only until the current semester ends.*

FORWARDING BENEFITS OFFICE: \_\_\_\_\_ PREPARER NAME: \_\_\_\_\_

RECEIVING BENEFITS OFFICE: \_\_\_\_\_ NAME: \_\_\_\_\_