



**TRANSFERS/REHIRE/NEWLY ELIGIBLE EMPLOYEES**

Please complete this form for all benefit eligible employees that are transferring agencies/rehired within the Cooperative with less than a 30 day break in employment or are newly eligible for benefits, i.e. part-time to full-time status.

**Name of Employee:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Type of Event**

**Transfer**

Exiting Agency: \_\_\_\_\_ Termination Date: \_\_\_\_\_

New Agency: \_\_\_\_\_ Hire Date: \_\_\_\_\_

**Rehire/Reinstatement**

Termination Date: \_\_\_\_\_ Rehire Date: \_\_\_\_\_

**Newly Eligible** (*part-time to full-time or ACA eligibility*)

Original Hire Date: \_\_\_\_\_ Newly Eligible Date: \_\_\_\_\_

**Other** (*Please indicate details below. May require prior approval*)

\_\_\_\_\_  
\_\_\_\_\_

**Agency Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Important: For proper transferring of benefits, please ensure accurate coding is entered in MUNIS or your weekly census file. Please contact the Franklin County Benefits and Wellness office for further assistance.*

**Please submit to:**

Franklin County Human Resources – Benefits and Wellness

Franklin County Board of Commissioners

Tel: (614) 525-5750

Fax: (614) 525-5515

Email: [Benefits@franklincountyohio.gov](mailto:Benefits@franklincountyohio.gov)