



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