



**UNIVERSITY OF CALIFORNIA  
PERMANENT INTERLOCATION TRANSFER  
TERMINATING LOCATION - TRANSMITTAL SHEET  
UFIN 300 (R12/02)**

<b>TRANSFERRING</b>	<b>FROM:</b>	<b>TO:</b>	
<b>EMPLOYEE NAME (LAST, FIRST, MI)</b>		<b>SOCIAL SECURITY NO.</b>	<b>EFFECTIVE DATE</b>

- |                          |   |
|--------------------------|---|
| <b>ATTACHED</b>          | <b>NEEDED</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>EMPLOYEE DATA SHEET</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>TERMINATION INFORMATION (IGEN) OR SUMMARY OF SEPARATION ACTION IDOC</b> |
| <input type="checkbox"/> | <input type="checkbox"/> <b>NEW HIRE/REHIRE IDOC</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>EMPLOYEE FILE</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>EMPLOYEE EARNINGS RECORD</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>OASDI/MEDICARE DOLLAR BALANCE ADJUSTMENT (UPAY649)</b>                  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>OASDI/MEDICARE JOURNAL</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>INSURANCE INFORMATION</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>COPY OF OVERPAYMENT DETAIL</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>SEVERANCE PAY PLAN RECORDS</b>  |

<b>COMMENTS</b>
-----------------

<b>FROM</b>	<b>E-MAIL ADDRESS</b>	
<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>DATE</b>

RETN: ACCOUNTING: 5 YEARS AFTER SEPARATION, EXCEPT IN CASES OF DISABILITY, RETIREMENT, OR DISCIPLINARY ACTION, IN WHICH CASE RETAIN UNTIL AGE 70.  
OTHER COPIES: 0-5 YEARS AFTER SEPARATION.