**Demande de transferts administratifs**

**(À remplir par le gestionnaire ou la comptabilité)**

**Joindre une copie du HSA (heures et salaires accumulés)**

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| **Nom de l’ancien établissement :** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identification de la personne salariée** | | | | | | | | | | | | | | | | | | | | | | No matricule : | | | | | | |  | | | | | | | | | | | | |  |
| Nom : | | | | |  | | | | | | | | | | | | | | | Prénom : | | | | | | | | | |  | | | | | | | | | | | |  |
| Titre d’emploi : | | | | |  | | | | | | | | | | | | | | Statut : | | | | | | | | | |  | | | | | | | | | | | | |  |
| Unité / service : | | | | |  | | | | | | | | | | | | | | Téléphone : | | | | | | |  | | | | | | | | | | | | | Poste : | |  |  |
| Nom du supérieur immédiat (dép. d’origine) : | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Détail de la demande** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Transfert de la paie complète | | | | | | | | | | Paie n° : | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | |
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|  | | | Transfert partiel des items de rémunération suivants : | | | | | | | | | | | | | | | | | | | | | | | | | Nombre d’heures ou unités : | | | | | | | | | | | | | | | |  |
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| Parts patronales à transférer : | | | | | | | | | Oui | | | |  | | | Non | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
| **Acheminez ce formulaire dûment rempli au gestionnaire responsable du département destinataire.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Autorisation du gestionnaire responsable du département destinataire** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Département destinataire : | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Nom du gestionnaire responsable du dép. destinataire : | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Téléphone : | | | | | | | |  | | | |  | |
| Signature : | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Poste : | | | | | | | |  | | | |  | |
| **Autorisation de la comptabilité (optionnelle selon la structure interne)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom : | | | | | |  | | | | | | | | | | | | | | | | | | | | Signature : | | | | | |  | | | | | | | | | |  | |
| **Acheminez ce formulaire signé à l’adresse courriel : prase.paie.estrie@ssss.gouv.qc.ca** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section réservée au service de la paie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Transfert complet | | | | | | | | No chèque : | | | | | | | |  | | | | | | | | Ou  items : | | | | | | | | | |  | | | | | | | | | |
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| Si le transfert occasionne le paiement (ex. : primes), faire le calcul manuellement et passer les corrections au 3B. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Codé par : | | | | | |  | | | | | | | | | Paie no : | | | | |  | | | | | | Vérifié par : | | | | | |  | | | | | | | | | | | |
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