



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

Transfer Forms

Required Forms

1. [Assistance Program](#)
2. [City Tax Withholding](#) – *if applicable*
3. [Disclosure of Interest & Ethical Standards and Conduct](#)
4. [Final Compensation Beneficiary Designation](#)
5. [Life Insurance and Accidental Duty Death Beneficiary](#)
6. [Military Credit](#)
7. [Motor Vehicle Driver Agreement](#)
8. [Oath of Office](#)
9. [Office of Recipient Rights Acknowledgement](#) – *Center for Forensic Psychiatry only*
10. [Personal Information & Emergency Contact](#)
11. [Policy Awareness and Training Requirements](#)
12. [Supplemental Employment](#) – *if applicable*