

Prior State Service Verification Form

Please help NCA&T State University update the State Service record of the following employee:

EMPLOYEE TO COMPLETE:

Employee Information	Former Employer Information		
Name:	Previous State Agency Name:		
Last 4 digits of Social Security#:	Previous Employer Contact Name:		
Date of Hire at NC A&T:	Previous Employer Contact Email & Phone:		
Department:	Separation Date:		

EMPLOYER TO COMPLETE:

The above employee was formerly employed by your agency/institution as a "permanent" employee. Please verify the service below and note the remaining leave balances upon the employee's termination from your agency or institution. Also, please note any breaks in service.

Note: Only permanentfull-time, part-time, time-limited employment can be used as aggregate state service.

Dates of Service (please specify *if* employment was part-time or full-time):

Previous Job Tit	le:		
From:	To:	Part-Time or Full-Time:	EHRA or SHRA (circle one)
From:	To:	Part-Time or Full-Time:	EHRA or SHRA (circle one)

Is your agency/institution subject to the State Personnel Act? Yes No

Sick Leave Balance/Hours:	Vacation or Personal Leave Balance/Hours:	
Bonus, or Special Leave Bal/Hours:	Total State Service: Years Months	-
Personal Observance:	Longevity Eligible: Yes or No; Date Longevity Paid:	-
Retirement: TSERS ORP	Community Service Leave Balance/Hours:	
Unpaid Leave of Absence:	Bereavement Leave Balance: Bereavement Leave Expire Date:	

Signature:			Title:	
Date:			Phone:	
Return to:	Division of Human Resources NC A&T State University	Questions:	Phone: (336) 285-3790 Fax: (336) 334-7477	

REVISED: FEBRUARY 2025