UNIVERSITY OF NORTH TEXAS
STATEMENT OF PREVIOUS TEXAS STATE EMPLOYMENT

NAME:_____ **SS#:**_____

DEPARTMENT:_____**PAYROLL START DATE:**_____

* Have you been employed by the State of Texas prior to the Payroll start date shown above? ❑ **Yes** ❑ **No**

* Are you transferring directly from another Texas state institution of higher education or Texas state department or agency?

❑ **Yes** ❑ **No**

If you checked yes - you are a direct transfer - from what Texas state institution/agency:

_____

If you checked YES to either question, please read the following and provide the requested information below. If you checked NO to either question then please just sign and date this form where indicated.

PURPOSE: Your total state employment determines your monthly accrual rate for vacation leave and your eligibility for longevity pay. List below all eligible Texas state employment prior to the payroll start date shown above. *Include full/part time employment with UNT and/or any other institution/agency of the State of Texas, including student employment, i.e. work which required student status as a condition of employment.*

Do not list any employment/service with an independent school district (Attorney General Opinion, WW-1443), public junior college (Attorney General Opinion TGC 659.046), or any non-state supported colleges or schools, as these are not considered state employment.

	Name and Address of Institution	Job Title	Full or Part Time	Employment Dates (Mo/Yr)	Last name (if different)

If more room is needed, please use the back of this form.

AUTHORIZATION TO VERIFY INFORMATION: I hereby give the University of North Texas permission, for purposes of determining my vacation accrual rate and my eligibility for longevity pay, to contact and verify all relevant employment data with the state agencies/institutions that I have listed as past employers.

* _____

EMPLOYEE SIGNATURE **DATE**

Employee Name:_____ **SS#**_____

**********USE THIS PORTION FOR ADDITIONAL STATE SERVICE**********

	Name and Address of Institution	Job Title	Full or Part Time	Employment Dates (Mo/Yr)	Last name (if different)

**********HUMAN RESOURCES USE ONLY**********

UNT Hire Date:_____ **UNT – FTE%**_____

Direct State Transfer? Yes No Agency Name:_____

Hours transferred in (if applicable): **Vacation**_____ **Sick**_____

Current month's accrual(s) and state service month given by transferring agency? Yes No

Vacation Leave Information		Sick Leave Information	
Vacation Accrual Eligibility	Yes No	Sick Leave Accrual Eligibility?	Yes No
Vacation Accrual Rate Per Month?		Sick Accrual Rate Per Month	
Vacation Leave May Be Used:	Immediately After _____months of continuous employment After 6-month probation period	Sick Leave May Be Used:	Immediately Other: _____

********HR WORKSHEET********

Date Returned	Name of Institution/Agency	#months verified

TOTAL months verified:_____

LONGEVITY Payment due? Yes No amount:_____ **Processed by**:_____**on**:_____

Date entered in the computer:_____ Entered by:_____

Date copied to: Benefits_____ Payroll_____ Department_____

Date completed by student assistant (and initials)