

**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* amount: _____ *Processed by:* _____ *on:* _____
No

Date entered in the computer: _____	Entered by: _____
Date copied to: Benefits _____	Payroll _____ Department _____
Date completed by student assistant (and initials)	