

PRIOR STATE SERVICE VERIFICATION AND RELEASE OF INFORMATION

TO BE COMPLETED BY EMPLOYEE

It is the responsibility of the employee at a UNT System component to request verification of prior State of Texas service credit. Use this form to request information from your previous state employer. The employee must provide this verification form to *each relevant employer* upon hire at a UNT System component, so that prior service can be verified and applied appropriately. Failure of the employee to request and forward this form will result in lack of application of prior state service to UNT System records, pay, etc. **(NOTE: Independent school districts and junior or community college employment does not count toward longevity and vacation accruals, but may count toward retirement benefits.)**

To

At (Name of State Agency)

Fax

Your assistance is requested to verify my prior state employment with your agency. In order for me to receive service credit for applicable accruals, please complete the attached verification form and return to my present employer, the University of North Texas System, as soon as possible. I began employment at a University of North Texas System component on

Employee's Name

Social Security Number

Other names (if applicable)

Dates of Employment (From/To)

Dates of Employment (From/To)

AUTHORIZATION TO RELEASE RECORDS

In accordance with House Appropriation bill, Article V., Section 7, 66th Legislature, verification of prior service is required in order to grant benefits such as Benefit Replacement Pay, Longevity Pay, and annual leave accrual (vacation.) My signature below provides my consent to all State of Texas agencies and institutions where I previously have been employed, whether as a student employee, part- time employee or full-time employee, to release all information to the University of North Texas System.

Signature

Date

SUBMIT THIS FORM TO EACH FORMER STATE OF TEXAS EMPLOYER

Your Name

Other/Maiden Name Used

Social Security Number

UNT System Component Hire Date

Dates of my prior employment

Direct Transfer Yes No

DATES OF EMPLOYMENT

From Month/Day/Year

Through Month/Day/Year

Title

Percentage of time worked

LEAVE BALANCES, LONGEVITY and HAZARD PAY, LEAVE WITHOUT PAY

Sick Leave Balance

Vacation Leave Balance

Military Leave Balance (if current year)

Receiving Longevity Pay Yes No Monthly amount

Receiving Hazardous Duty Pay Yes No Monthly amount

Leave Without Pay Dates From To

SALARY DATA AND BRP ELIGIBILITY (If previous employment is within the last calendar year.)

Gross Salary

FICA Covered Wages

Eligible for Benefit Replacement Pay Yes No

If yes, annual amount

Amount paid year-to-date

