



Department of Transformation and Shared Services
Office of Personnel Management
Proof of Prior Service

Employee Name (Last, First, Middle Initial)

SSN

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Personnel Number

Final Classification Title

Date Hired

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Class Code

Pay Grade

Annual Salary

Date Terminated or Retired

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Employer

Business Area

Agency / Institution Name

Personnel Area

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Prior Service Employment Dates

Original Hire Date

Career Service Date

Leave Accrual Date

Merit Eligibility Date

Perf. Appraisal Date

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Prior Service Leave Balances

Annual Leave

Sick Leave

Compensatory Leave

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Retirement System (Indicate Retirement System in which employee participated with prior state service).

PER Contributory

PER Non-Contributory

TRS

TIAA - Cref.

Authorization

Approved

Agency Official's Signature

Date

Denied

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Phone Number

E-mail

Fax Number

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