



VERIFICATION OF PRIOR STATE EMPLOYMENT

Name: _____ SSN: _____

Please check one:

I have **NOT** been employed by the State of Texas at any time prior to employment at Texas A&M Forest Service.

I **HAVE** been employed by the State of Texas prior to employment at Texas A&M Forest Service.

The state agency at which I was employed:

Name of agency: _____ Agency # _____

Address: _____

Phone Number: _____ Fax Number: _____

Name used during employment: _____

Approximate dates of employment: _____

I hereby authorize the state agency listed above to complete the below information on me. This information is needed by my current employer in order to establish creditable state service.

Employee Signature: _____ Date: _____

TO BE COMPLETED BY PRIOR STATE AGENCY

Name of agency: _____ Agency # _____

Provide exact dates of service:

From: _____ To: _____ Total Months _____ Days _____

From: _____ To: _____ Total Months _____ Days _____

From: _____ To: _____ Total Months _____ Days _____

LWOP: _____ To: _____ Total Months _____ Days _____

Was the employee in a hazard duty eligible position? Yes No

Amount of transferable leave hours (if applicable):

Annual Leave: _____ thru date _____ Sick Leave: _____ thru date _____

Optional Retirement Plan (ORP) Participation:

Start date: _____ End date: _____ Vested? Yes No

Benefit Replacement Pay (BRP) Eligible: Yes No Annual Amount _____

Printed Name: _____
Title: _____
Signature: _____
Date: _____
Phone: _____
Email: _____

Please Return by Mail or Fax to:
Texas A&M Forest Service
Employee Development
200 Technology Way, Suite 1120
College Station, TX 77845-3424
Fax: (979) 458-6699