

VERIFICATION OF PREVIOUS STATE SERVICE
State of Texas Agency Request for Information



TEXAS STATE AGENCY EMPLOYER

AGENCY NAME: _____

The individual below has been hired by Texas A&M University-Corpus Christi. You are being contacted as a previous employer. The following is requested for our records to determine previous state service at date of hire.

EMPLOYEE NAME (Last, First Middle)	LAST 4 DIGITS OF SSN
APPROXIMATE DATES OF EMPLOYMENT	JOB TITLE OF POSITION HELD

INSTRUCTIONS

Please complete and return to Texas A&M University-Corpus Christi at Employment@tamucc.edu.

DATES OF EMPLOYMENT

- A. From: _____ To: _____ Position: _____ % Effort _____
- From: _____ To: _____ Position: _____ % Effort _____
- From: _____ To: _____ Position: _____ % Effort _____
- From: _____ To: _____ Position: _____ % Effort _____

B. Is this considered State of Texas employment? Yes No

C. Is this considered a direct transfer? Yes No

LEAVE

A. Was the employee eligible for leave benefits? Yes No Not a State of Texas agency

B. If latest departure was within the past twelve months, indicate leave balance at time of termination.

**Do not include hours donated to a sick leave pool.*

Vacation/Annual Leave: _____ | Sick Leave: _____

Leave to be transferred include accrual through what month? _____

Dates of LWOP if full calendar month: _____

PAY

A. Longevity Pay Monthly \$: _____ Paid thru date: _____ Not Eligible

B. Hazardous Duty Pay Monthly \$: _____ Paid thru date: _____ Not Eligible

C. Benefit Replacement Pay (BRP) Monthly \$: _____ Not Eligible/Not Receiving BRP

SIGNATURE

Print Name _____

Email Address _____

Phone _____

Signature _____

Title _____

Date _____