



SECTION 1 – Current Service

| | |
|---|--------------------|
| Employee Name: | Employee ID: |
| Agency Name: | Agency Number: |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Variable Hour Appointment (Temporary/Seasonal) | Agency Start Date: |

SECTION 2 – Prior State Service

Most recent start date with the State:

No prior State Service (Do not complete the section below)

| Agency | Start Date | End Date | Full Time (FT) / Part Time (PT) | Creditable Service (Agency Use Only) |
|--------|------------|----------|---------------------------------|--------------------------------------|
| | | | FT PT | <input type="checkbox"/> |
| | | | FT PT | <input type="checkbox"/> |
| | | | FT PT | <input type="checkbox"/> |
| | | | FT PT | <input type="checkbox"/> |
| | | | FT PT | <input type="checkbox"/> |
| | | | FT PT | <input type="checkbox"/> |
| | | | FT PT | <input type="checkbox"/> |
| | | | FT PT | <input type="checkbox"/> |

Section 3 – Employee Certification

I hereby certify that the information provided on this form is correct to the best of my knowledge.

Employee: _____ Date: _____

Section 4 – Longevity Calculation (Agency Use Only – Refer to longevity Guide for assistance with completing this section.)

| | |
|--------------------------------|--|
| Total Prior Cumulative Service | |
| Adjustment for LWOP | |
| Longevity Anniversary Date | |
| Date of next longevity Payment | |

Agency Reviewer

Name and Title: _____ Signature : _____ Date: _____