



VERIFICATION OF PRIOR STATE SERVICE FORM

EMPLOYEE TO COMPLETE:

Employee Name: _____ Social Security Number: _____

Former Employer's Name _____

Former Employee's Dates of Employment _____

Position Title: _____

FORMER EMPLOYER TO COMPLETE:

The employee named above was formally employed by your institution. Please help R-CCC provide the proper state service credit by verifying the service shown below and note the sick leave remaining upon the employee's termination from your institution. Also, please specify any breaks in services. Only permanent full-time employment can be used as aggregate state service.

Dates of Services (specify if full-time or part-time):

From _____ To _____ Full-time Part-time

From _____ To _____ Full-time Part-time

Type of Service: _____ State
_____ Other (please specify): _____

Sick Leave Balance (hours): _____

Longevity Eligible: yes no If yes, date longevity last paid: _____

Total State Services: _____ Years _____ Months

Were there any periods of leave without pay? yes no

If yes, explain _____

Comments: _____

Name of Preparer (please print)

Signature

Title

Telephone Number

Please return to: R-CCC Human Resources
109 Community College Rd
Ahoskie NC 27910

Thank you for your assistance.