

UNIVERSITY of HOUSTON

Verification Prior State Service

PART 1 - TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ SSN: _____

Former State Employer

From Date

To Date

PART 2 - TO BE COMPLETED BY STATE AGENCY

Dates of Employment:

Dates of **UNPAID** Leave in excess of one month:

From	To
From	To
From	To

From	To
From	To
From	To

Did the employee receive Hazardous Duty Pay?

YES

NO

Sick Transferable Leave Balance

Vacation Transferable Leave Balance

Notice to State Employers - Please complete the employment information and other related sections on the employee named above. Return the completed form to the University of Houston Human Resources Service Center at hrdocs@central.uh.edu within 5 business days. If you have any questions please call us at (713)743-3988.

CERTIFICATION

Print Name	Signature
Phone Number	Email Address
Title	Date