



STATE OF TEXAS INTER-AGENCY EMPLOYMENT VERIFICATION

Attention: Employment Records

From:

University of Houston-Downtown
Employment Services & Operations
Payroll Department
One Main Street, Suite 910S
Houston, TX 77002
Office: 713-221-8060
Fax: 713-223-7433

RE: _____

SSN: _____

- The subject individual will transfer to your institution. The following is supplied for your records.
 has worked for your institution. The following information is requested for our records.

Approximate dates of service at your agency per employee:

From: _____ To: _____

1. Dates of Employment:

From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____

2. Other verified State of Texas service (Attach a copy of the verification):

_____ years _____ months

3. Amount of transferable leave (if applicable):

Sick Hours: _____ Vacation Hours: _____

4. Retirement Program Participation:

Teacher Retirement System of Texas (TRS)

Period of enrollment in TRS: From _____ To _____

Did employee formally retire under TRS? Yes No

Optional Retirement Program (ORP)

Company name: _____

Period of enrollment in ORP: From _____ To _____

Was the employee vested in ORP? Yes No

Amount (percentage) of ORP employer matching? _____

Did employee formally retire under ORP? Yes No

5. Deferred Compensation Participation?

Yes No

6. Eligible for FICA Benefit Replacement Pay?

Yes No

7. Total months of state service for Longevity Pay calculation? _____

8. Total months of state service for Hazardous Duty Pay calculation? _____

STATE OF TEXAS INTER-AGENCY EMPLOYMENT VERIFICATION

9. Group insurance participation in State of Texas plan:

From: _____ To: _____

Coverage for: self spouse children

10. Has employee been on FMLA anytime during the 12 months prior to _____ ?

11. Military leave taken during current federal fiscal year? Yes No

Completed by (Please print)

Title

Telephone Number

Email Address

Signature

Date