

Prior State Service Verification

PART 1 - TO BE COMPLETED BY EMPLOYEE

Employee Name: _____ UHD Employee ID: _____
 UHD Start Date: _____ DOB: _____ Last Four SSN: _____
 Former State Employer: _____ From Date _____ To Date _____

PART 2- TO BE COMPLETED BY STATE AGENCY

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-Downtown Employment Service and Operations at esorecords@uhd.edu within five business days. If you have any questions, please email us at esorecords@uhd.edu.

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

Did the employee receive Benefits Replacement Pay? ___Yes___No
 If yes, how much per month and through what month?
 Amount \$_____/month From _____(month/yr.) to _____(month/yr.)

Transferable Sick Leave Balance

Transferable Vacation Leave Balance

CERTIFICATION

Print Name	Signature
Phone Number	Email Address
Title	Date