

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 Office of Human Resources at HRrecords@uhd.edu within five business days. If you have any questions, please email us at HRrecords@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