



TO BE COMPLETED BY EMPLOYEE

ATTENTION: _____

(Name of State Agency—Political subdivisions of the State are NOT considered Texas State Agencies for purposes of this verification.)

Your assistance is respectfully requested to verify my prior state employment with your agency. Please complete Part B on the back of this form and return it to my present employer, The University of Texas Health Science Center at San Antonio. This completed form should be mailed to the address in the second shaded area below.

Employee's Name (Please Print): _____

I began employment at The University of Texas Health Science Center at San Antonio on
_____ **Date of hire.**

Employee's Social Security Number: _____

Disclosure of your social security number is requested from you in order the University of Texas Health Science Center at San Antonio to verify your prior state service. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in the University, inability to verify your prior state service and provide you with the appropriate amount of service credit for leave accrual and other applicable purposes. Further disclosure of you SSN is governed by the Public information act and other applicable law.

Dates of Employment at Previous Agency:

From : _____ **To:** _____

**Please return this form to: The University of Texas Health Science Center at San Antonio
Human Resources/Mail Code 7972
7703 Floyd Curl Drive
San Antonio, TX 78229-3900**

Employee's Signature: _____ **Date:** _____

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PRIOR STATE SERVICE VERIFICATION - Page 2

TO BE COMPLETED BY State Agency

Name of State Agency: _____ **Date:** _____

(Name of State Agency—Political subdivisions of the State are NOT considered Texas State Agencies for purposes of this verification.)

indicate that _____

(Employees Name, include other last names used if applicable)

Has been employed by this agency for the following periods:

A. Begin Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

B. Is this agency considered a TEXAS STATE AGENCY? [] Yes [] No

If so, please enter your Texas State Agency ID Number: # _____

C. Was this employee in a position that paid hazardous duty pay during any period included in the employment history listed in section A? Yes ___ No ___ If yes, please list the job title and employment period begin and ending Date(s) Please list in MM/DD/YYYY.

Job Title: _____ From _____ To _____

D. Is this employee eligible for Benefit Replacement Pay? [] Yes [] No

If so, please enter the Annual BRP Amount: \$ _____

E. Please provide the balances of Sick and/or Vacation:

a. Sick Leave Balance: _____ **b. vacation leave balance** _____

F. Was employee paid out for the Vacation? _____ Yes _____ No

Signed: _____ **Print Name:** _____

Phone #: _____ **Fax #:** _____

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