



Department of Transformation and Shared Services
Office of Personnel Management
Proof of Prior Service

Employee Name (Last, First, Middle Initial)

SSN

Final Classification Title

Final Annual Salary

Date Hired

Date Terminated or Retired

Employment Type

Date Hired

Date Terminated or Retired

Employment Type

Employer

Business Area

Agency / Institution Name

Prior Service Leave Balances

Annual Leave

Sick Leave

Compensatory Leave

Retirement System (Indicate Retirement System in which employee participated with prior state service).

PER Contributory

PER Non-Contributory

TRS

TIAA - Cref.

Authorization

Approved

Agency Official's Signature

Date

Denied

Phone Number

E-mail

Fax Number