

**EMPLOYMENT/YEARS OF SERVICE VERIFICATION FORM**

The employee listed below has informed our office that s/he has prior Years of Service with your agency. This information is needed for annual leave accrual rate determination, calculation of longevity/annual increment pay and related calculations. This information is public information and therefore not protected.

**Employee Information**

I (please print) give my permission to

 (agency name) for release of any and all information requested below to the Shared Services Center at WVU regarding my past years of service. If you should need further information, please contact me at:

Phone: \_ \_ \_ - \_ \_ \_ - \_ \_ \_ Email:

Employee Signature Date

**To be completed by prior state agency:**

|  |  |
| --- | --- |
| State Agency Name: | Contact Name & Title: |
| Email: | Phone: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Hire Date\* MM/DD/YY | Employee End Date MM/DD/YY | Work Week TotalHours | Months Per Year | Benefits Eligible Yes or No | Job Title | Annual Leave to Transfer(Hours) | Sick Leave to Transfer(Hours) |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

\**Show breaks in service*

Was the employee paid any longevity pay prior to departing your agency? Y or N If yes, for how many years? Payment amount? $

Agency Representative Signature Date

**Please return form to: SharedServices@mail.wvu.edu or mail to:**

**West Virginia University**

**Shared Services**

**PO Box 6700**

**Morgantown, WV 26506**

Revised 5/25