

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								
of Talent and C	Culture at WVU re		• •	-		•		
at:								
Phone:	⁻	Email: _				-		
Employee Signature				Date				
		To b	e complete	d by prior sta	te agency:			
State Agency Name:				Contact Name & Title:				
Email:				Phone:				
Employee Hire Date* MM/DD/YY	Employee End Date MM/DD/YY	Work Week Total Hours	Months Per Year	Benefits Eligible Yes or No	Job Title	Annual Leave to Transfer (Hours)	Sick Leave to Transfer (Hours)	
*Show breaks	in service							
Was the emp	loyee paid any	longevity pa	ay prior to d	eparting your	agency? Y or	N		
If yes, for how many years? Payment a				nount? \$				
			_	_				

Agency Representative Signature

Date

Please return form to: <u>CentralBA@mail.wvu.edu</u> or mail to: Benefits Strategy One Waterfront Place PO Box 6640 Morgantown, WV 26506-6640