Department of Shared Administrative 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**

☐ **Denied**

Agency Official's Signature

Date

Phone Number

E-mail

Fax Number