



### STATEMENT OF PREVIOUS STATE EMPLOYMENT

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.  
Note: Employment with an independent school district or junior/community college is not considered state service for leave and longevity purposes.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(required for proper verification)

The name of the state agency at which I was employed is below:

Name of Agency: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Approximate dates of state employment from: \_\_\_\_\_ to \_\_\_\_\_

Name used during employment: \_\_\_\_\_

I have authorized my prior employer, stated above, to release all requested information below to Texas A&M AgriLife.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Complete the section above and send one form to each prior Texas state employer for verification.*

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**This section to be completed by State Agency or Institution.**

Name of State Agency: \_\_\_\_\_ Agency Number \_\_\_\_\_

Dates of service from: \_\_\_\_\_ to \_\_\_\_\_  
from: \_\_\_\_\_ to \_\_\_\_\_  
from: \_\_\_\_\_ to \_\_\_\_\_

Amount of transferable sick leave (if applicable): \_\_\_\_\_ hours

Amount of transferable annual leave (if applicable): \_\_\_\_\_ hours

Benefit Replacement Pay (BRP) eligible? Yes or No If yes, Annual Amount: \$ \_\_\_\_\_

Retirement Type: TRS or ORP or ERS or None Last Date of Retirement Contribution: \_\_\_\_\_

Previously eligible for ORP but declined: Yes or No If yes, Date Declined: \_\_\_\_\_

Date enrolled in ORP: \_\_\_\_\_ Vested in ORP: Yes or No

Did the employee retire: Yes or No If yes, Date Retired: \_\_\_\_\_

Information supplied by:

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please return this form to: Texas A&M AgriLife Payroll  
2147 TAMU  
College Station, TX 77843-2147

Or email to: [AgPayroll@ag.tamu.edu](mailto:AgPayroll@ag.tamu.edu)

Or fax to: (979) 845-9329