



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.

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 fax to:
(979) 845-9329