

Prior State Service Verification Request

Rev. 4/2020

Section 1: To be completed by EMPLOYEE	
Employee Name:	Employee SSN:
Former Name(s):	Hire Date with Texas State:

Agency Name	City	Dates	Student Worker?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I give the State of Texas agency(s) listed above permission to disclose information from my student employee personnel file, including position(s) held, salary information, and dates of employment to facilitate transfer of state service. I understand that under the Family Educational and Privacy Rights Act (FERPA), 20 U.S.C. 1232(g), these agencies may not release information about a student's employment with the University in a position requiring student status without the student's written consent, subject to exceptions provided under FERPA. By signing here, I authorize the release of these records to Texas State University.

Employee Signature _____

Section 2: To be completed by FORMER STATE AGENCY

The individual listed above is employed with Texas State University; please complete the following information and return to Texas State University Human Resources via fax at 512-245-1942. Thank you!

Service Dates	
From: _____ To: _____ FTE%: _____ Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
From: _____ To: _____ FTE%: _____ Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
From: _____ To: _____ FTE%: _____ Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
From: _____ To: _____ FTE%: _____ Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did employee have any full months of Leave Without Pay (LWOP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate number of full months of LWOP: _____	
Has your agency verified prior state service for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate where: _____	
Retirement	
Was employee eligible for retirement plan participation? <input type="checkbox"/> Yes <input type="checkbox"/> No If	
yes, employee participated in:	
<input type="checkbox"/> Teacher Retirement System of Texas (TRS)	<input type="checkbox"/> Employees Retirement System of Texas (ERS)
<input type="checkbox"/> Optional Retirement Program (ORP)	
<input type="checkbox"/> Vested <input type="checkbox"/> Not Vested	Start Date: _____ Employer Contribution Percentage: _____
<input type="checkbox"/> Previously eligible for ORP, but declined participation (Waive/Decline Date: _____)	
Payroll/Leave <i>Please complete the following only if employee left within last 12 months.</i>	
Vacation/Annual Leave: _____ <i>Complete only if direct transfer.</i>	
Sick Leave: _____ <i>Do not include balances donated to sick leave pool.</i>	
Date earned through: _____	
Was employee ever eligible for Hazardous Duty Pay ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate dates eligible: _____	
Was employee eligible for Benefit Replacement Pay ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate monthly amount: _____ Paid through: _____	
Prepared By: _____ Date: _____	
<i>Please print</i>	
Title: _____	Agency Name: _____
Phone: _____	Email: _____