# UNIVERSITY of **HOUSTON**

# **Verification Prior State Service**

## PART 1 - TO BE COMPLETED BY EMPLOYEE

Employee Name:\_\_\_\_\_

Former State Employer

#### PART 2 - TO BE COMPLETED BY STATE AGENCY

Dates of Employment:

From	То
From	То
From	То

From	То
From	То

То

Dates of UNPAID Leave in excess of one month:

From Date

Did the employee receive Hazardous Duty Pay?

YES

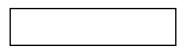
SSN:

To Date

🗌 NO

#### Sick Transferable Leave Balance

#### Vacation Transferable Leave Balance



**Notice to State Employers** - Please complete the employment information and other related sections on the employee named above. Return the completed form to the University of Houston Human Resources Service Center at <u>hrdocs@central.uh.edu</u> within 5 business days. If you have any questions please call us at (713)743-3988.

## CERTIFICATION

Print Name	Signature
Phone Number	Email Address
Title	Date

From