



SECTION 1 – Current Service

Employee Name:	Employee ID:
Agency Name:	Agency Number:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Variable Hour Appointment (Temporary/Seasonal)	Agency Start Date:

SECTION 2 – Prior State Service

Most recent start date with the State:

No prior State Service (Do not complete the section below)

Agency	Start Date	End Date	Full Time (FT) / Part Time (PT)	Creditable Service (Agency Use Only)
			FT PT	<input type="checkbox"/>
			FT PT	<input type="checkbox"/>
			FT PT	<input type="checkbox"/>
			FT PT	<input type="checkbox"/>
			FT PT	<input type="checkbox"/>
			FT PT	<input type="checkbox"/>
			FT PT	<input type="checkbox"/>
			FT PT	<input type="checkbox"/>

Section 3 – Employee Certification

I hereby certify that the information provided on this form is correct to the best of my knowledge.

Employee: _____ Date: _____

Section 4 – Longevity Calculation (Agency Use Only – Refer to longevity Guide for assistance with completing this section.)

Total Prior Cumulative Service	
Adjustment for LWOP	
Longevity Anniversary Date	
Date of next longevity Payment	

Agency Reviewer

Name and Title: _____ Signature : _____ Date: _____