

## Prior State Service Certification Form

*This form is used to certify service at a State of Tennessee agency or institution. Please send this form to your former employer's Human Resources office to complete. Once completed, the form must be returned to the UTHSC Human Resources office (hr@uthsc.edu) directly from the former employer, not from the employee. If you have any questions, please contact Human Resources at hr@uthsc.edu.*

*Examples of State of Tennessee entities are other public TN colleges/universities, Memphis Shelby County Schools, certain TN State Agencies (i.e. TN Department of Human Services). If you are not sure, still have your former employer complete it to verify. If this form does not apply to you, please discard.*

### Employee Information

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

Last 4 Digits of SSN: \_\_\_\_\_

Prior Institution \_\_\_\_\_

### Full Time/Benefits Eligible Position Information (FORMER EMPLOYER ONLY)

Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ % of full time: \_\_\_\_\_

Number of Hours Worked Per Day: \_\_\_\_\_ Sick Leave Balance: \_\_\_\_\_

Unpaid Annual Leave Balance (Hours): \_\_\_\_\_

Longevity Date: \_\_\_\_\_ Last Longevity Pay Date: \_\_\_\_\_ Last Longevity Pay Amount: \_\_\_\_\_

Any additional Information: \_\_\_\_\_

### Temporary Position Information (if applicable-FORMER EMPLOYER ONLY)

Hire date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ % of full time: \_\_\_\_\_ Number of hours worked per day: \_\_\_\_\_

### Certifying Official Signature-FORMER EMPLOYER ONLY

Name of Certifying Official: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title of Certifying Official: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of Certifying Official: \_\_\_\_\_  Date: \_\_\_\_\_