



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 <small>(temporary/seasonal)</small>	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/Part-time	Creditable service (agency use only)
			FT <input type="checkbox"/> PT <input type="checkbox"/>	<input type="checkbox"/>
			FT <input type="checkbox"/> PT <input type="checkbox"/>	<input type="checkbox"/>
			FT <input type="checkbox"/> PT <input type="checkbox"/>	<input type="checkbox"/>
			FT <input type="checkbox"/> PT <input type="checkbox"/>	<input type="checkbox"/>
			FT <input type="checkbox"/> PT <input type="checkbox"/>	<input type="checkbox"/>
			FT <input type="checkbox"/> PT <input type="checkbox"/>	<input type="checkbox"/>
			FT <input type="checkbox"/> PT <input type="checkbox"/>	<input type="checkbox"/>
			FT <input type="checkbox"/> PT <input type="checkbox"/>	<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 signature:	Date:
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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:	Title:
Signature:	Date: