# **Prior State Service Employment Verification**

# Section I. UTA Employee

## Instructions

- 1. UTA Employees should complete Section I only.
- 2. Send the form to your prior state agency to complete Section II.
- 3. Ask them to email the completed form to <u>hrrecords@uta.edu</u>.
- 4. Use a separate form for each state agency.
- ▶ We will not accept this form from UTA employees only from the Prior State Agency.
- Independent School Districts and Community Colleges are not state agencies.
- See the <u>Texas Comptroller's list of State Agencies</u> online.

## **Employee Information**

Prior State Agency		Is this a direct transfer	? Yes	No
Employee Name	Last 4 of SSN	EMPL ID		
UTA Start Date	_ Employment Dates with Prior State Agency	from to _		

# **Section II. Prior State Agency**

> The person listed above is employed with UTA and indicated previous employment with your agency.

### Instructions

- 1. Please complete Section II.
- 2. Email this form to hrrecords@uta.edu.

### **Employment Dates**

Employment Dates with Prior State Agency	from	_ to					
	from	_ to					
	from	_ to					
Dual Employment							
Will this employee continue to be employed at your agency?			Yes	No			
If yes, what is their title?			ls this an e	xempt t	itle?	Yes	No
If yes, what is the type of employment?			Full-Time Part T		Part Tir	ne	
If part-time, what percentage of time will they work at your agency?							

Insurance Information							
Has the employee ever been covered under a Group Benefits program? Yes No							
What is the last day of their Gro	oup Benefits coverage?						
Leave and Payroll Informa	ition						
Vacation Leave Balance		Sick Leave	Sick Leave Balance				
The leave hours to be transferre	ed include accrual through w	hat date?					
Longevity Pay If Y	<i>'ES</i> : Monthly amount	Date amount is paid	through				
Hazardous Pay If Y	'ES: Monthly amount	Date amount is paid	through				
Benefit Replacement Pay If	YES: Monthly amount	Date amount is paid	through				
Retirement Type							
Which retirement program did	the employee participate in?						
Teacher Retirement System	of Texas (TRS)						
Optional Retirement Progr	am (ORP)						
Employment Retirement Sy	/stem of Texas (ERS)						
Other		_					
None							
Did the employee formally retir	re from your agency?	Yes No					
If yes, what was their retirem	ent date?						
If the employee participated in	ORP, answer the following:						
State contribution rate	ORP election date .	Are they veste	d? Yes No				
Eligibility date: ORP 1 (08/3	31/1995 or prior) ORP 2 (0	9/01/1995 thru 08/31/1996)	ORP 3 (09/01/1996 or after)				
Which financial company did	they invest with?						
Preparer Information							
Completed by							
Title		Agency #					
Email		Phone					
Signature		Date					

Please email this form to <u>hrrecords@uta.edu</u>.