



Previous State Employment Verification Request

INSTRUCTIONS Complete the top section and send one form to each prior Texas state employer for verification.

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact Payroll at payroll@tamu.edu or (979) 845-2711.

Prior State Agency / Institution Name:
Employee Name: Other Name(s) used:
UIN or last four digits of SSN (required for verification purposes):

Dates of Previous Employment - enter dates in MM/DD/YYYY format
From: To:

I understand that my Social Security Number is required to complete a Previous State Employment Verification. My signature below serves as my consent, and I authorize my prior employer to release all requested information below to Texas A&M University.

Signature: Date:

.....

This section below to be completed by prior state agency or institution

State Agency Name: Agency #:

Dates of previous service - enter dates in MM/DD/YYYY format

From: To: Title: Benefits Eligible?
From: To: Title: Benefits Eligible?
From: To: Title: Benefits Eligible?
From: To: Title: Benefits Eligible?

Is any of the above listed service Hazardous Duty Pay eligible? If yes, please indicate those dates with an astric *

Transferable Leave Balance - Increments of an Hour rounded to the quarter hour plus through timeframe

Sick: Through: Benefit Replacement Pay (BRP) Eligible?
Annual: Through: No Yes
Military: Through: If yes, Annual amount: \$

Retirement Type

Teacher's Retirement System (TRS) Start Date:
Employee's Retirement System (ERS) Start Date:
Optional Retirement System (ORP) Start Date:

Previously eligible for ORP but declined: No Yes If yes, date declined:
Vested in ORP: No Yes If yes, Date Vested: ORP % Matching Rate:
Did employee retire: No Yes If yes, date retired:

Information Verified by:

Printed Name: Date:

Signature: Title:

Email: Phone: () -

State Agency Instructions:
Fax completed form to 979.845.4134 or send via secure email to payroll@tamu.edu