



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 Name	
Name used during employment	
SSN	

(required for proper verification)

Approximate dates of State employment — enter dates in MM/DD/YYYY format

From		To	
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I understand that my Social Security Number is required in order to complete a Previous State Employment Verification. My signature below serves as my consent. Furthermore, I have authorized my prior employer to release all requested information below to Texas A & M University.

Signature _____ Date _____

This section to be completed by prior state agency or institution

State Agency Name _____ State Agency Number _____

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

From		To		From		To	
From		To		From		To	
From		To		From		To	

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

Sick		Annual		Military	
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Benefit Replacement Pay (BRP) eligible? ___ Yes ___ No Annual amount \$ _____

Printed Name _____ Signature _____

Title _____ Date _____

Phone _____ Email _____

State Agency Instructions:

Fax completed form to 979-845-4134 or email to payroll@tamu.edu