



STATE OF WEST VIRGINIA

PRIOR STATE SERVICE VERIFICATION

Current Employer	Employee Name:		Last 4 of SSN:	
	Previous Name(s):			
	Current Agency:		Requested by:	
	Verifying state employer:			
	Possible service date range(s):			

Please list hire and separation dates below. All leaves of absence need completed on page 2.

Hire Effective Date	Hour(s)	Minute(s)	Last Day Physically Worked		Hour(s)	Minute(s)	Hire FTE	Permanent	Temporary
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of state service prior to your agency? Yes No
 If yes, where? _____

Leave balances to be transferred: Annual _____ Sick _____
 Was annual leave paid out? Yes No

Does employee owe hardship pay/arrears? (September 2014 Check) Yes No Unknown

Did employee pay into Consolidated Public Retirement Board? Yes No

Leave(s) of Absence Information

Does this employee have any leaves of absence while at your agency? Yes No
 If yes, please list all leaves of absence on page 2.

Military leave used in current calendar year? Yes No
 If yes, list hours of paid military leave: Military Subpart A _____ Military Subpart B _____

FMLA paid and/or unpaid used in the past 12 months? Yes No
 If yes, list hours of FMLA used: _____

Medical leave without pay used in the past 12 months? (Include absence(s) during which employee received TTD benefits) Yes No
 If yes, list hours used: _____

Parental leave used in past 12 months? Yes No
 If yes, list hours used: _____

Was employee paid increment? Yes No Last increment amount paid: _____

Comments:

Verification Completed by:		Title:		Date:	
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