



STATEMENT OF PREVIOUS STATE EMPLOYMENT

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.
Note: Employment with an independent school district or junior/community college is not considered state service for leave and longevity purposes.

Name: _____ SSN: _____
(required for proper verification)

Department: _____

The name of the state agency at which I was employed is below:

Name of Agency: _____

Department: _____

Address: _____

Approximate dates of state employment from: _____ to _____

Name used during employment: _____

Signature: _____ Date: _____

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

This section to be completed by State Agency or Institution.

Name of State Agency: _____

Agency Number: _____

Dates of service from: _____ to _____

from: _____ to _____

from: _____ to _____

Amount of transferable sick leave (if applicable): _____ hours

Amount of transferable annual leave (if applicable): _____ hours

Benefit Replacement Pay (BRP) eligible? Yes No Annual Amount: \$ _____

NON-TEXAS A&M SYSTEM MEMBERS:

Social Security Paid (year-to-date): Covered earnings \$ _____

Amount deducted \$ _____

Information supplied by:

Printed name: _____ Signature: _____

Title: _____ Date: _____

Phone: _____ Email: _____

Please return this form to the following address: Texas A&M AgriLife Payroll
2147 TAMU
College Station, TX 77843-2147

Or email to: AgPayroll@ag.tamu.edu
Fax: (979) 845-9329

For questions concerning this form, please call 979-845-4730.