



Department of Transformation and Shared Services  
Office of Personnel Management  
Proof of Prior Service

Employee Name (Last, First, Middle Initial)

SSN



Final Classification Title

Final Annual Salary



Date Hired

Date Terminated or Retired

Employment Type




Date Hired

Date Terminated or Retired

Employment Type




**Employer**

Business Area

Agency / Institution Name



**Prior Service Leave Balances**

Annual Leave

Sick Leave

Compensatory Leave




**Retirement System** (Indicate Retirement System in which employee participated with prior state service).

PER Contributory

PER Non-Contributory

TRS

TIAA - Cref.

**Authorization**

Approved

Agency Official's Signature

Date

Denied



Phone Number

E-mail

Fax Number