



PAYROLL SERVICES

Previous State Employment Verification

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@tamu.edu or (979) 845-2711.

Name: [ ] SSN: [ ] (required for proper verification)

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

Name of Agency: [ ]
Department: [ ]
Name used during employment: [ ]

Approximate dates of State employment:

From (date): [ ] To (date): [ ]

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 \_\_\_\_\_

Form to be returned to my current department at Texas A & M University.

Department \_\_\_\_\_

Fax Number \_\_\_\_\_

This section to be completed by State Agency or Institution and returned to fax number above.

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 \$ \_\_\_\_\_

Information supplied by:

Printed

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Questions: 979-845-3056