



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

Denied

Agency Official's Signature

Date

Phone Number

E-mail

Fax Number