

Office of Human Resources University of North Carolina at Pembroke Lumbee Hall, Room 347 One University Drive, PO Box 1510 Pembroke, NC 28372

Phone: (910) 521-6279 / Fax: (910) 521-6553

To:	
Re:	Prior State of North Carolina and/or Local Government Services
	began employment with the University of North Carolina
	Employee's Name Social Security Number
at P	rembroke on This employee states he/she has prior credible State of North Carolina service with your agency.
and com	ase advise the correct dates, i.e., month, day and year that this employee worked for your agency. We need the beginning ending dates in order to give the employee the correct amount of prior state or local government service credit. Please uplete the bottom portion of this form, and return the form to: Office of Human Resources, UNC Pembroke, PO Box 1510 nbroke, NC 28372-1510. Thank you in advance for your cooperation.
1. [Date(s) of permanent employment: Termination date(s):
L	Leave Without Pay Date(s):
2. F	Prior employment with another state agency was was not _ certified. If so, from whom
	. Years, Months
3. N	Month(s)/Year(s) this employee contributed into Teachers' and State Employees' Retirement System (TSERS):
`	Years , Months
4. N	Month(s)/Year(s) in the NC Local Government Retirement System: Years, Months
5. N	Month(s)/Year(s) in the Law Enforcement Retirement System: Years , Months
6. E	Date Retirement Contributions began:
7. (Contract Year month. If less than 12 months, beginning month ending month
8. E	Ending leave balances to be transferred: sick days, annual days,
	bonus days,
Ser	vice Verification: Signature Title
	Title