UNIVERSITY of HOUSTON

Prior State Service Employment Verification

PART 1 - TO BE COMPLETED BY EMPLOYEE

Employee Name:_____ Last 4 of SSN:_____ Empl ID: _____

State Agency:_____ Start Date: _____ End Date: _____

PART 2 - TO BE COMPLETED BY STATE AGENCY

Please complete the employment information and all applicable sections for the employee listed above. Once completed, return the form to the University of Houston Human Resources – Records at hrrec@uh.edu within five business days. If you have any questions, please contact us at (713) 743-3988.

Employment Dates

Dates of Employment:

Start:	End:	Start:	End:
Start:	End:	Start:	End:
Start:	End:	Start:	End:

Dates of **UNPAID** Leave in excess of one calendar month:

Start:	End:
Start:	End:
Start:	End:

Did the employee receive Hazardous Duty Pay? Yes ☐ No ☐

Did the employee receive Benefits Replacement Pay? Yes ☐ No ☐

If yes, how much per month and through what month?

Amount $_____/month: From _____(month/year) to _____(month/year)

Transfer of Leave Balances

Sick Leave Balance

Vacation Leave Balance

Information Prepared By

Print Name _____ Agency # and Name _____

Title _____ Phone _____

Signature _____ Date _____

Please return completed form to Human Resources Records at hrrec@uh.edu.