



STATE OF WEST VIRGINIA

PRIOR STATE SERVICE VERIFICATION

Current Employer	Employee Name:		Last 4 of SSN:	
	Previous Name(s):			
	Current Agency:		Requested by:	
	<b>Verifying state employer:</b>			
	Possible service date range(s):			

Please list hire and separation dates below. All leaves of absence need completed on page 2.

Hire Effective Date	Hour(s)	Minute(s)	Last Day Physically Worked		Hour(s)	Minute(s)	Hire FTE	Permanent	Temporary
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of state service prior to your agency? Yes  No   
 If yes, where? \_\_\_\_\_

Leave balances to be transferred: Annual \_\_\_\_\_ Sick \_\_\_\_\_  
 Was annual leave paid out? Yes  No

Does employee owe hardship pay/arrears? (September 2014 Check) Yes  No  Unknown

Did employee pay into Consolidated Public Retirement Board? Yes  No

**Leave(s) of Absence Information**

Does this employee have any leaves of absence while at your agency? Yes  No   
 If yes, please list all leaves of absence on page 2.

Military leave used in current calendar year? Yes  No   
 If yes, list hours of paid military leave: Military Subpart A \_\_\_\_\_ Military Subpart B \_\_\_\_\_

FMLA paid and/or unpaid used in the past 12 months? Yes  No   
 If yes, list hours of FMLA used: \_\_\_\_\_

Medical leave without pay used in the past 12 months? (Include absence(s) during which employee received TTD benefits) Yes  No   
 If yes, list hours used: \_\_\_\_\_

Parental leave used in past 12 months? Yes  No   
 If yes, list hours used: \_\_\_\_\_

Was employee paid increment? Yes  No  Last increment amount paid: \_\_\_\_\_

Comments:

Verification Completed by:		Title:		Date:	
----------------------------	--	--------	--	-------	--

