

Prior State Service Form

This form is to certify prior state service associated with State of Tennessee entities only. Please have your current and former State of Tennessee employer(s) complete this form.

Employee Information	
State of Tennessee Entity Name:	
Name:	Date of Birth:

If certain information is not recognized by your company, please indicate by entering N/A.

Regular Full-time Employment Status (Faculty, Staff, and Postdoctoral Scholars)	
Job Title:	
Hire Date:	Termination Date:
Breaks in Service Dates:	
Annual Leave Balance:	Sick Leave Balance:
Date of Longevity Payment:	Last Date Employee was Paid:

Regular Part-time Employment Status (Part-time employment must be at least 5 years to count towards longevity)	
Job Title:	
Dates of Employment:	Percent (%) of Part-time:

Employer Verification Information	
Name:	
Title:	
Phone Number:	Date:
<p>Please send completed form to: hr@uthsc.edu. If you have any questions, please feel free to contact Human Resources at 901.448.5600 or hr@uthsc.edu.</p> <p>Thank you, UTHSC Human Resources</p>	