No

Is this a direct transfer?

## **Prior State Service Employment Verification**

## **Section I. UTA Employee**

			100		
In	sti	111	cti	10	ns

- 1.UTA Employees should complete Section I only.
- 2. Send the form to your prior state agency to complete Section II.
- 3. Ask them to email the completed form to <a href="https://nrecords@uta.edu">hrrecords@uta.edu</a>.
- 4. Use a separate form for each state agency.
- ▶ We will not accept this form from UTA employees only from the Prior State Agency.
- ▶ Independent School Districts and Community Colleges are not state agencies.
- ► See the <u>Texas Comptroller's list of State Agencies</u> online.

<b>Employee I</b>	nformation
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Prior State Agency \_\_\_\_\_

Employee Name	1	_ast 4 of SSN _		_ EMPL II	<b>.</b>		
UTA Start Date Employment Da	ates with Prior St	ate Agency	from		to		
Section II. Prior State Agency							
► The person listed above is employed with L	JTA and indicated	d previous em	ployment	with you	ır agency	<u>'</u>	
Instructions							
<ul><li>1.Please complete Section II.</li><li>2.Email this form to <a href="mailto:hrrecords@uta.edu">hrrecords@uta.edu</a>.</li></ul>							
<b>Employment Dates</b>							
Employment Dates with Prior State Agency	from	to		_			
	from	to		_			
	from	to		_			
<b>Dual Employment</b> Will this employee continue to be employed	at your agency?		Yes	No			
If yes, what is their title?			ls this an	exempt 1	title?	Yes	No
If yes, what is the type of employment?			Full-Ti	me	Part Tir	me	
If part-time, what percentage of time will the	ey work at your a	agency?					

Insurance Informat	tion					
Has the employee ever	been covered under a Group B	enefits progr	am? Ye	ès	No	
What is the last day of	their Group Benefits coverage?	?				
Leave and Payroll	Information					
Vacation Leave Balance			Sick	Leave Bal	ance	
The leave hours to be	transferred include accrual thro	ugh what dat	e?			
Longevity Pay	If YES: Monthly amount _	If YES: Monthly amount		Date amount is paid through		
Hazardous Pay	If YES: Monthly amount _	If YES: Monthly amount		_ Date amount is paid through		
Benefit Replacemen	t Pay If YES: Monthly amount		Date amount is	paid thro	ugh	
	gram did the employee participa nt System of Texas (TRS)	ate in?				
Optional Retireme	ent Program (ORP)					
Employment Retir	ement System of Texas (ERS)					
Other						
None						
Did the employee form	nally retire from your agency?	Yes	No			
If yes, what was thei	r retirement date?					
If the employee partic	pated in ORP, answer the follow	ving:				
State contribution ra	ite ORP election	n date	Are they	vested?	Yes	No
Eligibility date: O	RP 1 (08/31/1995 or prior) O	RP 2 (09/01/199	95 thru 08/31/1996)	ORP	3 (09/01/199	6 or after)
Which financial com	pany did they invest with?					
Preparer Informati	on					
Completed by						
Title		Agen	cy #			
Email		Phon	e			
Signature		Date		_		

▶ Please email this form to <a href="https://hrecords@uta.edu">hrrecords@uta.edu</a>.

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