

Creditable Service State of North Carolina

Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 100px;"> LAST FIRST MIDDLE </div>						To Be Completed By Human Resources		
Soc. Sec. Number: _____						TSSD _____ UNC-EOD _____		
Dept. Number: _____ Dept. Name: _____						Sick Leave: <input type="checkbox"/> Reinstated <input type="checkbox"/> Transferred HRS _____ MIN _____		
1. If you have used a different name during any past Permanent employment with the State, list name(s): _____						Vacation Leave Transferred: HRS _____ MIN _____		
2. List in this section any previous Permanent employment with the State of North Carolina. Show each employment period separately, beginning with the oldest. (Before completing, see the instructions on the reverse side.)						Date Dept Notified: _____ <input type="checkbox"/> EMAIL <input type="checkbox"/> LETTER HRIS Entry Date: _____		
Initials: _____						To Be Completed By Human Resources		
Name of State (NC) Agency (Specify Dept or Division)	Location	Permanent Employment Dates		Permanent Employment			LWOP (type)	Information Verified (Date, Agency, Contact, Telephone #)
		From (mm-dd-yyyy)	To (mm-dd-yyyy)	Full Time	Part Time	If Part Time, No. Hrs/ Week		
				<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"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

3. Employee Signature: _____ Date: _____

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INSTRUCTIONS

The information requested on this form is important. After verification, it will be used to establish your Total State Service Date. Your Total State Service Date determines your earning rate for Vacation Leave and your eligibility for Longevity Pay and Service Appreciation Program awards under State and University policies.

A. List in Section 2 on the front of this form:

1. All Permanent Full Time and Permanent Part Time (scheduled, regularly, at least 20 hours each workweek) employment with:
 - a. Any State Agency, whether as a Staff or EPA employee
 - b. Any governmental unit now a State Agency (Examples: County highway maintenance forces, War Manpower Commission and the Judicial System).
 - c. A local unit (if such employment is subject to the State Personnel Act) in North Carolina, for:
 - (1) Mental Health
 - (2) Public Health
 - (3) Social Services
 - (4) Emergency Management Agency (Civil Defense)
 - d. A County Agricultural Extension Service
 - e. The public school system or the community college system (including technical institutes) of the State of North Carolina. (A "school" year is credited as a full year. A partial school year is credited as provided in policy.)
 - f. The North Carolina General Assembly (except for participants in the Legislative Intern Program and pages).
Note: Temporary employment in the North Carolina General Assembly also is included.
2. Also include:
 - a. Paid Leave (except Terminal Leave Pay)
 - b. Authorized Military Leave
 - c. Workers Compensation Leave
 - d. Leave Without Pay (LWOP)

B. Do not list in Section 2 on the front of this form:

1. Any employment that is not Permanent (Full Time or Part Time scheduled, regularly, at least 20 hours each workweek) including:
 - a. Temporary employment (whether Full Time or Part Time)
Exception: Temporary employment in the North Carolina General Assembly is included as in Item A1f above.
 - b. University Student Worker employment

C. Be sure to sign and date the form.