

## CREDITABLE SERVICE: STATE OF NORTH CAROLINA

Name:     
Last First Middle

Soc. Sec. Number:  Banner ID:

Dept. Number:  Dept. Name:

**To Be Completed by Human Resources**

TSSD  UNCP-EOD

Sick Leave:  Reinstated  Transferred

HRS  MIN

Vacation Leave Transferred:

HRS  MIN

Date Dept. Notified   EMAIL  
 LETTER

HRIS Entry Date:

Initials

1. If you have used a different name during any past Permanent employment with the state, list name(s):
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.)

Name of State (NC) Agency (Specify Dept. or Division)	Location	Permanent Employment Dates		Permanent Employment		
		From	To	Full Time	Part Time	If Part Time No. Hrs/Week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**To Be Complete by Employee Records**

LWOP (Type)	Information Verified (Date, Agency, Contact, Telephone #)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. Employee Signature:  Date:

**CREDITABLE SERVICE: STATE OF NORTH CAROLINA**

**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 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. If you do not have any prior creditable service, write no prior permanent State service across Section 2.

D. Be sure to sign and date the form.