

## Prior State and/or Local Service

if **NO** prior State service exists and/or can be credited

please sign here: \_\_\_\_\_

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**EMPLOYEE'S RECORD OF AGGREGATE STATE OF NORTH CAROLINA SERVICE:**

If prior state service exists and/or can be credited, please complete the following. **ONLY** list creditable State agencies on the **BACK** of this form. Please begin with the most current or last Employer.

Dates of Permanent Full-Time OR Permanent Part-Time North Carolina Service		Full-Time OR Part-Time (List P/T hours)	Years	Months	Employer & address
FROM: Month/Day/Yr	TO: Month/Day/Yr				

NOTE: All prior service listed above will be verified by Personnel. Once verified, notification of total state credit will be sent to the section. Leave adjustments can then be made, if necessary.

I certify that to the best of my knowledge, the above information is correct.

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Signature

Date

Social Security Number

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(Please **PRINT** your **FULL** name and include maiden names and/or previous names in which your service may fall under.)