# PRIOR SERVICE CERTIFICATION

| Last Name | First Name | M.I. | Maiden Name |
|---|---|---|---|
| Job Title | Social Security Number *(only if required by prior employer)* | | |
| Agency | Address | | Zip Code |
| Employee Signature | | Date (MM/DD/YY) | |

Please provide the following information so the above named employee may receive appropriate service credit.

## EMPLOYMENT STATUS

Full-Time ☐

Date of Hire:_____ Date of Separation_____

Part-time ☐ Intermittent ☐

Date of Hire:_____Date of Separation_____

Number of Bi-Weekly Pay periods worked_____

Number of Bi- Weekly Pay periods worked between 7-1-03 and 6/30/05_____

Is your agency a political subdivision of the State of Ohio? Yes____ No____

Position funding: Personal service contract ☐ Auditor ☐ Other ☐

Sick Leave balance_____

Information verified by:

_____

Print Name Signature Date

_____(____)_____Title

Contact Number

If additional space is needed please attach another page.

Please return completed form to :