



EMPLOYEE REPORT OF CURRENT AND/OR PREVIOUS STATE EMPLOYMENT

EMPLOYEE NAME: _____ **TWU POSITION:** _____
TWU HIRE DATE: _____ **DEPARTMENT:** _____
FULL-TIME/PART-TIME: _____ **SSN:** _____
CONTACT NUMBER: _____ **EMAIL:** _____

Are you currently or have you ever been employed by another Texas State institution of Higher Education, Texas Independent School District or Texas State Agency? Check One: Yes No

If **Yes**, please check one of the following:

- Texas State Higher Education Employer (4 year University)
- Texas State Higher Education Employer (Junior/Community College)
- Texas Independent School District
- Texas State Agency

If you checked any of the above please complete the following:

Employer	Dates of Employment		Job Title	Full-time/Part-time
	From:	To:		

Have you recently terminated or plan to terminate from another Texas State institution of Higher Education, Texas Independent School District or Texas State Agency? Check one: Yes No

If **Yes**, name of organization _____
Termination Date: _____

Have you ever contributed to TRS (Teacher's Retirement System)? Check one: Yes No
If **Yes**, please enter contribution start date: _____

Have you ever contributed to ORP (Optional Retirement Plan)? Check one: Yes No
If **Yes**, please enter contribution start date: _____

Are you currently contributing to ORP (Optional Retirement Plan)? Check one: Yes No
If **Yes**, please enter contribution start date: _____

Are you currently contributing to TRS (Teacher's Retirement System)? Check one: Yes No
If **Yes**, please enter contribution start date: _____

Have you retired under the Employees Retirement System, the Teacher Retirement System of Texas or the Texas Optional Retirement program? Check one: Yes No

If **Yes**, name of organization _____
Retirement Date: _____

EMPLOYEE SIGNATURE _____ **DATE** _____