

TEXAS PRIOR STATE SERVICE VERIFICATION
TEXAS WOMAN'S UNIVERSITY (TWU) - HUMAN RESOURCES

FOR REPORTING STATE SERVICE (not ISD's or 2 year junior/community colleges)

TWU Employee: _____ **Former Name(s) Held:** _____

SSN*: XXX-XX- _____ **TWU Date of Hire:** _____

*Disclosure of your Social Security Number (SSN) is requested so that TWU can verify your pertinent prior state employment. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in loss of verification of your prior state employment that can affect your pay, insurance, and retirement's benefits. The Public Information Act (Texas Government Code, Chapter 552) governs further disclosure of our SSN.

Have you ever been employed by another Texas State Institution of Higher Education or State Agency?

No _____ Initial here and submit this form to the TWU HR department with your New Hire paperwork

Yes - Prior Texas State Employer or Texas Public Employer in TRS: _____

It is the responsibility of the employee to request verification of prior Texas state service credit. The employee **must** provide this form to each relevant prior state employer in order to verify and apply prior service. Failure of the employee to forward this form will result in lack of application of prior state service to TWU records, pay, etc.

TWU EMPLOYEE – DO NOT WRITE BELOW THIS LINE

STATE SERVICE RECORDS

Month-Day-Year	Month-Day-Year	POSITION	PERCENT OF FULL-TIME
_____ to _____	_____ to _____	_____	_____
_____ to _____	_____ to _____	_____	_____
_____ to _____	_____ to _____	_____	_____

LEAVE ACCRUALS

Accrued Sick Leave Balance at time of termination: _____ As of Date: _____

Accrued Vacation Leave Balance at time of termination: _____ As of Date: _____

PAYROLL INFORMATION

Did this employee receive Benefit Replacement Pay (BRP)? No ___ or Yes ___ If yes, provide the answers below:

Salary BRP was based upon: \$ _____ per month or year _____ As of Date: _____

Maximum Annual BRP: _____

Year-to-date BRP: _____ As of Date: _____

Did this employee receive Hazardous Duty Pay? No ___ or Yes ___ If yes, provide the answers below:

Hazardous duty pay monthly amount: \$ _____ Date Last Paid: _____

SERVICE VERIFIED BY:

Signature: _____ Title: _____

State Agency: _____ Phone Number: _____

Email form to: hrrecords@twu.edu

Fax form to: 940-898-3566