

University of Illinois at Springfield
Prior Service Verification Form

Section 1: To be completed by employee:

Employee's name: _____ SSN: _____

Name at time of employment: _____

Former employing agency: _____

Department: _____ Phone # _____

Street address: _____

City and state: _____ Zip code: _____

Signature: _____ Date: _____

Section 2: To be completed by employer:

Exact dates of employment: From _____ to _____

Employment status: Full time _____ Part time _____

Permanent _____ Temporary _____

Percent time: ____% Approximate number of hours per week: _____

List all leaves of absence without pay:

Dates: _____ Reason: _____

Dates: _____ Reason: _____

List the following information regarding the employee's sick leave balances:

1) Hours/days earned and unused, or hours/days to be counted as earned prior to January 1, 1984:

2) Hours/days earned and unused after January 1, 1984. Indicate if the employee was or was not paid for one-half of this amount at termination.

Signature: _____ Date: _____

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Employees:

Please send this form to the Office of Human Resources once it has been completed by the employer. Be sure to attach this page with the request form.

Employers:

The purpose of this form is to verify that the employee has previous State of Illinois employment. The information provided in this form is used to determine whether the employee is eligible for time credit to vacation earnings, credit toward service awards, or sick leave balances transferred or restored. Please send this form to the address below upon completion.

University of Illinois at Springfield
Office of Human Resources
One University Plaza, HRB 30
Springfield IL 62703-5407

Fax: 217/206-7145