



Request for Previous State Employment Record

State Agency

Requested Date

The following employee has indicated that he/she was previously employed with your agency. Please provide exact dates of employment and any vacation or sick leave hours transferable.

First Name

Last Name

UIN

Date of Birth

Last 4 of SSN

Approx. Date of Employment: From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Transferable Vacation (if applicable) _____ hours

Transferable Sick Leave (if applicable) _____ hours

Benefit Replacement Pay eligible Yes _____ No _____

BRP (YTD) \$ _____

Information supplied by:

Printed Name

Signature

Email

Title

Date

Agency Number

Please return form to:

Texas A&M University-Commerce
Human Resources
Crystle McIlveene, Wellness & Benefit Specialist
Commerce, Texas 75429
Email: Crystle.McIlveene@tamuc.edu
Fax 903-886-5670 Phone 903-886-5025