



Prior State Service Notification Document

Credit for prior state service may be transferred to CPCC from employment with the state of North Carolina and the following agencies in North Carolina:

Public Schools
Technical Institutes
Local Mental Health Agencies
Local Social Service Agencies
Local Emergency Management Agencies

A Prior State Service Verification form must be completed by the transferring agency or institution providing the exact dates of service for permanent full-time employment and the balance of unused sick and bonus vacation leave hours. The form must also document whether or not longevity pay was paid out upon termination of employment. Once a properly completed, Prior State Verification form is received by Human Resources, an employee will be credited for the transfer of sick leave and/or bonus leave. The employee will also be credited for the appropriate number of years of prior service for longevity pay and vacation leave accrual purposes.

No retro credit for longevity or vacation leave accrual can be given. Credit for prior service will only be given from the date that the prior service verification form is received by CPCC Human Resources.

The above information has been explained to me by the Human Resource staff, and, if applicable, a copy of the Prior State Service Verification form has been provided to me for completion by my prior employer(s).

Print Name

Date

Signature

Prior State Service Verification

Please help CPCC update the State Service record for the following employee:

EMPLOYEE TO COMPLETE:

Employee Information	Former Employer Information
Name:	Name of Former Employer:
Social Security Number:	Date of Termination:
Date of Hire at CPCC:	Contact Name:
Department:	Contact Address:
Contact Phone Number:	Contact Phone Number:

EMPLOYER TO COMPLETE:

The employee named above was formally employed by your agency/institution as a "permanent" employee. Please verify the service shown below and note the sick and vacation leave balances remaining upon the employee's termination from your agency or institution. If vacation was paid out upon termination, please place a zero in the box. Also, please note any breaks in service. **Please Note:** Only permanent full-time employment can be used as aggregate state service.

Dates of Service (Please specify if employment was part-time or full-time):

From: _____ To: _____ Part-Time Full-Time
 From: _____ To: _____ Part-Time Full-Time

★ Are you subject to the State Personnel Act? Yes No

Sick Leave Balance/Hours:	Was vacation/bonus vacation paid out? Yes No	If no, Vacation Balance/Hours:
Longevity Eligible: Yes No	Date Longevity Last Paid:	Total State Service: _____ Years _____ Months

Signature: _____

Title: _____

Date: _____

Phone: _____

Return to: Human Resources Department
 Central Piedmont Community College
 PO Box 35009
 Charlotte, NC 28235-5009

Questions: Linda Anderson
 Phone: (704) 330-6314
 Fax: (704) 330-6066

Thank you for your assistance.