



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 Institutions
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 leave hours. The form must also document whether or not longevity pay was paid out upon termination of employment. Once a properly completed form is received by Human Resources, the employee will be credited for the transfer of sick 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 Resources 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 Form

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:
Last 4 digits of Social Security #:	Date of Termination:
Date of Hire at CPCC:	Contact Name:
Department:	Contact Address:
Contact Phone Number:	Contact Phone Number:

EMPLOYER TO COMPLETE:

The employee above was formerly employed by your agency/institution as a “permanent” employee. Please verify the service shown below and note the sick leave balance remaining upon the employee’s termination from your agency or institution. 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 or Full-Time:	
From:	To:	Part-Time or Full-Time:	

★ **Is your agency/institution subject to the State Personnel Act?** Yes No

Sick Leave Balance/Hours:	Longevity Eligible:	Yes	No
Date Longevity Last Paid (if applicable):	Total State Service:	Years	Months

Signature: _____ **Title:** _____

Date: _____ **Phone:** _____

Return to: Human Resources Department
 Central Piedmont Community College
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