CENTRAL PIEDMONT
COMMUNITY COLLEGE

Prior State Service Notification Form

Credit for prior state service may be transferred to Central Piedmont from employment with the State of North Carolina and the following agencies in NC.

- Local Emergency Management Agencies
- Local Mental Health Agencies
- Local Social Service Agencies
- Public Colleges and Universities
- Public Schools
- Technical Institutions

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 Central Piedmont 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).

Date:

Print Name: Signature:

Return notification document and verification form to Human Resources by email: Human.Resources@cpcc.edu, Fax: 704.330.6066, or mail to the following address.

Prior State Service Verification Form

Please help Central Piedmont update the State Service record for the following employee. Return this document to Human.Resources@cpcc.edu, Fax: 704.330.6066, or mail

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 Central Piedmont:	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. Please note any breaks in service. Only permanent full-time employment can be used as aggregate state service. Dates of Service (specify if employment was part-time or full-time):

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: ☐

Employee Leave Balance and Service Time

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

Signature: Title: Date: Phone: