



The University of Texas Health Science Center at Houston (UTHealth)

Prior State Service

(Complete ONLY if you have previously worked for a state agency)

If you have previous employment with a state agency (or agencies), employment verification from the agency (or agencies) must be verified with appropriate months of state service for your longevity and vacation service records, if applicable.

Please complete this form and return it to UTHealth Human Resources (HR) - UCT 150, 7000 Fannin Suite, 150, Houston, TX 77030 or fax to 713-486-0980. An authorized individual from your previous agency must complete the form and send it to Human Resources.

Employee Name: _____

Social Security Number: _____

Unit/Department: _____

Your phone number: _____

Time approver: _____

Please indicate all employment at other State of Texas agencies. This list will assist HR in verifying the receipt of all your state service. If you are a previous employee of UTHealth, please indicate the last department in which you worked.

1) _____ Dates _____

2) _____ Dates _____

3) _____ Dates _____

4) _____ Dates _____

5) _____ Dates _____



Instructions for Verification of Prior State Service / Direct Transfers

Dear New Employee:

If you have previous employment with a state agency (or agencies), employment verification must be verified from the agency (or agencies) for appropriate service records, if applicable.

It is your responsibility to communicate with all appropriate agencies. You need to make sure the appropriate agency receives the attached form and that it has been returned to UTHealth Human Resources.

The attached form is to be completed by the state agency (or agencies). You must send a form to each state agency where you were employed. The completed form may be returned by fax, or mailed to the following address:

The University of Texas Health Science Center at Houston (UTHealth)
Human Resources
7000 Fannin, Suite 150
Houston, Texas 77030
FAX # (713) 486-0980

If you have questions please call (713) 500-3185.

Refer to Handbook of Operating Procedures (HOOP) for information <https://www.uth.edu/hoop/index.htm> regarding:

- Longevity Pay - HOOP 40 Longevity Pay
- Transferable Vacation Leave Balances - HOOP 28 Vacation
- Transferable Sick Leave Balances - HOOP 30 Sick Leave

Service with Independent School Districts, Junior Colleges, and/or Community Colleges **does not qualify** for State service.

THIS FORM TO BE COMPLETED BY EMPLOYEE

(To be forwarded to previous state agencies)

To: _____ Today's Date: _____
(Name of agency)

_____ UTHealth Hire Date: _____
(address)

Attn: Human Resources Department

Re: Prior State Service/Direct Transfer for

Name: _____
(Name used while at agency)

SSN: _____

Dates of Employment: _____

To Whom It May Concern:

The person named above is a current employee of The University of Texas Health Science Center at Houston (UTHealth) and has indicated prior state service with your agency.

In accordance with House Appropriations bill, Article V, Section 7, 66th Legislature, verification of this service is required in order to grant benefits such as longevity pay and annual leave accrual. If employment was not continuous, please indicate breaks in service (in excess of one month). If employment was less than full-time, please indicate the percentage of time worked. On January 1, 1986 the Attorney General released an opinion indicating all student employment with the state since September 1, 1979 be considered a part of total state service. Please include all student employment as appropriate since it will also affect annual leave and longevity pay.

Please utilize the following form to communicate your reply, and return by fax or mail to the following address:

University of Texas Health Science Center at Houston (UTHealth)
Human Resources
7000 Fannin, Suite 150
Houston, Texas 77030
FAX # (713) 486-0980

Your timely response is greatly appreciated. If you have questions please call (713) 500-3185.



THIS FORM TO BE COMPLETED BY AGENCY

The University of Texas Health Science Center at Houston (UTHealth)
PRIOR STATE SERVICE / DIRECT TRANSFER VERIFICATION FORM

Employee's Full Name _____ SSN _____

Job Title _____ Percent Time _____

Dates of Employment From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

Is this considered state employment? Yes / No

Do your records reflect prior state service for this employee? Yes / No

If yes, how many months _____

Was the employee eligible for Benefits Replacement Pay (BRP)? Yes / No

If yes:

What was the eligible BRP amount \$ _____

Please indicate the annual salary as of 10/31/95 \$ _____

Retirement Type: _____

If ORP, please circle the % rate:

6%

7.31%

8.5%

Vacation Leave Balance _____

Sick Leave Balance _____

Verified by _____ Phone # _____

Title _____ Date _____ Fax # _____

UT Component / State Agency _____

