**STATE OF OHIO**

**PRIOR SERVICE CERTIFICATION FORM**

Instructions: The employee requesting prior service credit should complete section 1and forward to the political subdivision of Ohio where previously employed. The political subdivision of Ohio must complete section II and mail to the address provided at the bottom of the form. PLEASE NOTE: A separate form is needed from each political subdivision for which the employee is requesting prior service credit.

**Section 1 – completed by employee**

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| Employee Last Name: First Name: M.I.: Maiden Name: Employee ID:  (if applicable during previous employment)    Social Security Number (if required by political subdivision):      Employee Signature Date    **Previous Employer:**  Agency:  Address: City: State: Zip Code Dates of employment: Job Title: |

**Section II – completed by previous employer**

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| --- |
| Please provide the following information on the above named employee:    Date of Hire: Date of Separation:  Employment Status: Full Time Part Time (***See note below for part-time & intermittent employees)***    Part-time/intermittent only: # of pay periods worked: # of days worked:    \*Number of bi-weekly pay periods/days worked between 7/1/03 and 6/30/05:    Is your agency a political subdivision of the State of Ohio? Yes No    Was this employment covered under by an Ohio Public Retirement System (e.g., STRS, SERS)? Yes No If yes, please identify the retirement system:    Sick Leave Balance: |

**Information in Section II has been verified by:** Print Name:

Title/Position: Phone Number:

Signature Date

# PLEASE NOTE: PART TIME AND INTERMITTENT EMPLOYEES ONLY

If the employee referenced in section I worked every pay period, the dates of service will be used to calculate prior service credit. However, if he/she worked sporadic pay periods, please include the specific number of pay periods worked or if the employee was employed on an intermittent or “on call” status, please include the specific number of days worked.

\*If the employee earned service by pay period, provide the number of pay periods that were worked during 7/1/2003 and 6/30/2005 or if the employee earned service by days worked, provide the number of days worked during this period.

Please return completed form to:

Shawnee State University

940 2nd Street

Human Resources

Administrative Building Room 016

Portsmouth, OH 45662

Phone: (740) 351-3420

Fax: (740) 351-3505

