

TEXAS SOUTHERN UNIVERSITY
State of Texas Inter-Agency Employment Verification

Section I *(to be completed by employee)*

Employee Name: _____ **SSN#:** _____

Other possible names of record: _____

Former Employer: _____

Mailing Address: _____

Approximate Dates of Service: **From:** _____ **To:** _____

From: _____ **To:** _____

Employee Signature

Date

Notice to Former State Employers – Please complete the employment information and other related sections on the employee named above. Return the completed form to Texas Southern University, Human Resources – 3100 Cleburne Avenue, Hannah Hall, Ste. 126, Houston, Texas 77004. If you have any questions, please call us at 713-313-4436.

Notice to Employees – Requests for prior service are processed on first come, first serve basis and in some cases require considerable research to verify. Credit for past service may affect your accumulation of vacation and longevity pay. Service with other state agencies will not be applied to eligibility for staff awards.

Section II - Employment Information *(to be completed by prior state agency)*

Correct dates of employment: **From:** _____ **To:** _____

From: _____ **To:** _____

Dates for unpaid leaves in excess of one month. **From:** _____ **To:** _____

From: _____ **To:** _____

Yes

No

Did the employee have other State of Texas service?

If Yes, how many months of prior state service?

(Please attach copies of all verifications).

Job Titles(s): _____

TEXAS SOUTHERN UNIVERSITY

PAYROLL INFORMATION

Calendar Year Social Security Contributions *(Only verify if employment was in current calendar year).*

State Paid Social Security Contributions:	\$
Employee Paid Social Security Contributions:	\$
Total FICA Earnings:	\$
Transferable Vacation Balance:	
Transferable Sick Leave Balance:	
Longevity Pay (per month)	\$
UCI Taxable Wages:	\$
Reported UCI Tax:	\$
Paid through the Month of:	

RETIREMENT INFORMATION

Yes No

Was the employee a member of the Teacher Retirement System of Texas?

Was the employee ever eligible to participate in the Option Retirement Plan?

Did the employee participate in a Tax Sheltered Annuity (TSA)?

Name of the Optional Retirement Plan Carrier? _____

Effective Date of Participation in ORP: _____ **Yes No**

Vested?

Date Vested: _____

Name of Tax Sheltered Annuity Carrier? _____

Date of Last Contribution: _____ Total Calendar Year Contributions: \$ _____
Yes No

Did the Employee participate in the State of Texas Deferred Compensation plan?

If yes, did the employee excise the 'One-time Withdrawal' provision?

Name of Deferred Compensation carrier? _____

Date of Last Contribution: _____ Total Calendar Year Contributions: \$ _____
Yes No

GROUP INSURANCE INFORMATION

Was the employee a participant in the ERS UGIP Health plans?

Was the employee participating in a Tex-Flex Healthcare account?

Comments: _____

Signed

Title