



Prior State Service Verification Form

Section I. – Employee Authorization (to be completed by the employee)

Name: \_\_\_\_\_ Social Security Number (LAST 4): XXX - XX - \_\_\_\_\_
Former Employer: \_\_\_\_\_
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section II. – Previous Employer Information (to be completed by prior state service)

Table with 2 main columns: Dates of Service and Dates of Unpaid Leave (in excess of a month). Each column has three rows for 'From:' and 'To:' dates.

Did the employee have other State of Texas service? \_\_YES \_\_NO
If yes, how long was the additional prior state service? \_\_\_\_\_years \_\_\_\_\_ months

Was the employee eligible for Benefit Replacement Pay (BRP) \_\_YES \_\_NO
If yes, what was the eligible BRP amount \$\_\_\_\_\_

Section III. – Payroll Information (to be completed by prior state service)

State Paid Social Service Contributions: \$\_\_\_\_\_
Employee Paid Social Security Contributions: \$\_\_\_\_\_
Sick Leave Transferable Balance \_\_\_\_\_
Vacation Leave Transferable Balance \_\_\_\_\_
Longevity Pay? \_\_YES \_\_NO Date Longevity Pay Began \_\_\_\_\_

Section IIII. – Retirement Information (to be completed by prior state service)

Was the employee a member of the Teacher Retirement System of Texas? \_\_YES \_\_NO
Did the employee participate in a Tax-Sheltered Annuity (TSA)? \_\_YES \_\_NO
Was the employee ever eligible to participate in the Optional Retirement Plan? \_\_YES \_\_NO
If yes, name of the Optional Retirement Plan Carrier \_\_\_\_\_
Effective Date of ORP: \_\_\_\_\_
Vested? \_\_YES \_\_NO Date Vested \_\_\_\_\_ Name of Tax-Sheltered Annuity Carrier \_\_\_\_\_
Date of Last Contribution \_\_\_\_\_ Total Calendar Year Contributions: \$\_\_\_\_\_

Certification: (to be completed by prior state service)

Table with 4 columns: Print Name, Signature, Phone Number, Email, Title, Date.