



Declaration of Prior State Service

If you were previously employed by Kent State University, the State of Ohio, or any political subdivision of the State of Ohio, your prior service time may be creditable toward your **vacation entitlement***. Examples of political subdivisions include: city, municipality, village, township, state university, school district, health district or public Library. Service time in student employment or elective offices is not creditable.

* Bargaining unit employees represented by AFSCME should refer to Article 32 (A) regarding prior service and vacation entitlement:

Prior service with the state or any political subdivision of the state shall not be credited for purposes of calculating an employee's vacation entitlement, provided bargaining unit employees hired prior to February 4, 1990, shall be credited for prior service only with the State or Ohio for purposes of calculating vacation entitlement.

Also, any unused sick leave may be transferable from your prior employment. Sick leave is non-transferable if your employment ended more than ten (10) years ago.

Please complete all information below. If prior service with another agency is indicated, please provide name, address, phone, fax (if known) and dates of employment. The Human Resources department will make initial contact regarding service time and the transfer of sick leave.

Date present employment started with Kent State University: ____/____/____

Department: _____

Please check all that apply:

- No prior state service.
- Prior service with Kent State University. If yes, complete the following:

Last position: _____ Department: _____
Dates of Employment: From: ____/____/____ To: ____/____/____

- Prior service with the State of Ohio or political subdivision. If yes, complete the following. Attach additional sheet if necessary. Incomplete or inaccurate information will delay the processing of prior service and/or sick leave transfer.

Name of Agency: _____ Last Position: _____
Address: _____
Phone: () _____ Fax: () _____
Dates of Employment: From: ____/____/____ To: ____/____/____
Name(s) Used During Employment: _____

Name (Please Print) Date Social Security Number

Signature

RETURN COMPLETED FORM TO HUMAN RESOURCES – RECORDS

HUMAN RESOURCES USE ONLY	Employee Type: <input type="checkbox"/> Classified Non-Bargaining <input type="checkbox"/> Classified (AFSCME) <input type="checkbox"/> Unclassified	
Date Received:	Date Prior Service Form Mailed:	Date Prior Service Form Received:
Processed By (initials):	Follow-up (if applicable):	