



**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, 66<sup>th</sup> 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 \_\_\_\_\_

