



# East Texas A&M University

## Request for Previous State Employment Record

State Agency \_\_\_\_\_

Requested Date \_\_\_\_\_

The following employee has indicated that he/she was previously employed with your agency. Please provide exact dates of employment and any vacation or sick leave hours transferable.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

UIN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last 4 of SSN \_\_\_\_\_

**Approx. Date of Employment:** From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Transferable Vacation (if applicable) \_\_\_\_\_ hours

Transferable Sick Leave (if applicable) \_\_\_\_\_ hours

Benefit Replacement Pay eligible Yes \_\_\_\_\_ No \_\_\_\_\_

BRP (YTD) \$ \_\_\_\_\_

Information supplied by:

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Agency Number \_\_\_\_\_

Please return form to:

East Texas A&M University

Human Resources

ATTN: Time and Leave

P.O. Box 3011

Commerce, Texas 75429

Email: [HR.Leave@tamuc.edu](mailto:HR.Leave@tamuc.edu)

Fax 903-886-5670 Phone 903-886-5080

East Texas A&M University, P.O. Box 3011, Commerce, Texas 75429-3011

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