

The employee referenced in Section 1 indicated that he/she was employed with your agency and is requesting prior service credit. Please complete Section 2, sign and return the form directly to the contact in Section 3. Questions about this employee may also be directed to the contact in Section 3. Note that The Ohio State University policy does not permit employees to receive retroactive adjustments to leave accruals for prior service so an expeditious response is respectfully requested.

SECTION 1: COMPLETED BY THE EMPLOYEE

First	Last	M.I.	Maiden Name, if applicable
Ohio State University ID #		Employee ID Number at Agency (do not use Social Security #)	
Name of Previous Employing Agency		Employment Dates/Job Title at this Agency	
Agency Contact Name		Email/Phone # for Agency Contact	
Agency Address		Agency City, State and Zip Code	
Employee Signature		Date	

SECTION 2: COMPLETED BY THE EMPLOYER

If the employee had multiple employment instances, please indicate each separately (copy this section for each instance).

Employment Dates:	First day Worked	Last Day Worked	<input type="checkbox"/> Faculty/Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Intern/Fellowship
Job Title	Type of Position (check one)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include retirement effective date:		
Did the employee receive pay?	Did the employee retire from this agency?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Balance of unused sick leave hours at time of termination	Is your agency a political subdivision of the State of Ohio?		
<input type="checkbox"/> STRS <input type="checkbox"/> SERS <input type="checkbox"/> OPERS <input type="checkbox"/> None Other (designate):			
By which Ohio Public Retirement System was this employment covered.			
Name of Individual Completing this Form	Agency Name, Job Title & Location of Individual Completing this Form		
Phone # of Individual Completing this Form	Email Address of Individual Completing this Form		
Signature	Date		

SECTION 3: OHIO STATE UNIVERSITY CONTACT - PLEASE RETURN COMPLETED AND SIGNED FORM TO:

Name	Job Title	
Address	City, State and Zip Code	
Email Address	Phone	Fax