

**WEST VIRGINIA UNIVERSITY DIVISION OF HUMAN RESOURCES-  
BENEFITS ADMINISTRATION**

PO Box 6640 • One Waterfront Place • Morgantown, WV 26506 • Phone: (304) 293-5700 x 4 • Fax: (304) 293-7532

**EMPLOYMENT/YEARS OF SERVICE VERIFICATION FORM**

The employee listed below has informed our office that s/he has prior Years of Service with your agency. This information is needed for annual leave accrual rate determination, calculation of longevity/annual increment pay and related issues. It should be noted that this information is public information and therefore not protected.

Please return this completed form directly to the WVU Human Resources Department at the address at the top of this page. Thank you.

**EMPLOYEE INFORMATION:**

I \_\_\_\_\_ (Name of Employee, please print) give my permission to \_\_\_\_\_ (Department) for release of any and all information requested below to the Division of Human Resources at WVU regarding my past years of service. If you should need further information, please contact me at:

\_\_\_\_\_ (phone #) \_\_\_\_\_ (signature)

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Information below is to be completed by the prior employing state agency:

**PLEASE DO NOT USE WHITEOUT ON THIS FORM. INITIAL ALL CROSSOUTS.**

**STATE AGENCY INFORMATION**

State Agency Name		Contact Name & Title	
Address—Number & Street			
City	State	Zip Code	Phone No.

Employee Hire Date* MM/DD/YY	Employee End Date MM/DD/YY	Work Week Total Hours	Months Per Year	Benefits Eligible Yes or No	Job Title	Annual Leave to Transfer (Hours)	Sick Leave to Transfer (Hours)

\*Show Breaks in Service

I verify to the best of my knowledge that the above information is correct.

\_\_\_\_\_  
State Agency Representative Signature

\_\_\_\_\_  
Date