



The University of Texas at Dallas

Office of Human Resources Management

Office: 972-883-2221 Fax: 972-883-2156

Prior Texas State Service Verification Request

To be completed by Employee: Please return to the Office of Human Resources Management mail station, AD10.

Today's Date: _____ SSN _____

Employee Name: _____ AKA: _____

Table with 2 columns: List all Texas State Agency/University, Dates of Employment

TRS Participation Date: _____ Have__ Have Not__ Withdrawn Acct. Retired TRS/ERS/TX ORP: Yes__ No__ Ret. Date: _____

Signature: _____

FOR UTD HRM USE ONLY: FAX TRANSMITTAL

Date: _____ To: _____ Fax Number: _____

Requested By: _____ E-mail: _____ Phone: _____

Only for UTD HR Review: LON elig? 24+ mo ____ FT ____ Longevity Memo done? ____ Rtn to work Retiree? ____ Compl worksheet ____

Rehired w/in one yr of separation? ____ Leave hours to Leave Admin? ____ Prev. ORP Elig ____ If yes, enter data on Lone Star ____

To be completed by previous Texas State Agency or University:

Please verify prior service for the employee listed above and fax back to UTD at 972-883-2156. Attach separate sheet if needed.

PLEASE: Include TRS/ORP as well as service dates and balances.

Date(s) of Previous Employment: From: _____ To: _____ Position: _____ FTE%: _____ Elig for Insurance? ____

Date paid through: _____ (for purposes of direct transfer within state)

Did employee retire? Yes__ No__ If yes, what was retirement date? _____ Employed in a student position? Yes__ No__ If yes, what period: _____

Leave Information:

Transferable vacation hours: _____ Transferrable sick leave hours: _____ Balances through (date): _____

Payroll Information: (To be reviewed and posted in HRIS)

Benefit Replacement Pay: \$ _____ Commission Date/Hazardous Duty Effective Date: _____

Benefit Information:

Previously eligible for ORP: Yes ____ No ____ ORP Eligibility Date: _____ ORP Enrollment Date: _____

Vested: Yes ____ No ____ If Yes, Date Vested: _____ UT Institutions Only: Met ACA eligibility? ____ As of ____

Information Certified By:

Name: _____ Title: _____ Date: _____

Signature: _____ Phone: _____

Agency Name & No: _____