

**PAYROLL SERVICES**
**Previous State Employment Verification**
**INSTRUCTIONS:** Complete the top section and send one form to each prior Texas state employer for verification.

**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact [payroll@tamu.edu](mailto:payroll@tamu.edu) or (979) 845-2711.

Name:	SSN:	
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(required for proper verification)

The name of the state agency at which I was employed is below:

Name of Agency:	
Department:	
Name used during employment:	

Approximate dates of State employment:

From (date):	To (date):	
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I understand that my Social Security Number is required in order to complete a Previous State Employment Verification. My signature below serves as my consent. Furthermore, I have authorized my prior employer to release all requested information below to Texas A &amp; M University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form to be returned to my current department at Texas A & M University.**

Department \_\_\_\_\_

Fax Number \_\_\_\_\_

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*This section to be completed by State Agency or Institution and returned to fax number above.*

Name of State Agency \_\_\_\_\_ Agency Number \_\_\_\_\_

Dates of Service from \_\_\_\_\_ to \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

Amount of transferable sick leave (if applicable) \_\_\_\_\_ hours.

Amount of transferable annual leave (if applicable) \_\_\_\_\_ hours.

 Benefit Replacement Pay (BRP) eligible?  Yes  No Annual amount \$ \_\_\_\_\_

Information supplied by:

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

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Questions:**  
 979-845-9505