STATEMENT OF PREVIOUS STATE EMPLOYMENT

 $With few \ exceptions, you \ have \ the \ right \ to \ request, \ receive, \ review \ and \ correct \ information \ about \ yourself \ collected \ using \ this \ form.$



NAME AS IT APPEARS ON SOCIAL	SECURITY CARD (Last,	First Middle)	UIN	РНО	PHONE NUMBER	
OB TITLE		DEPARTMENT		HIRE	HIRE DATE	
* If you are checki	ng this box, you n		ny time prior to this o	_	yment.	
PREVIOUS TEXAS STATE EMPLOYN List any previous State		ers below.				
NAME OF TEXAS STATE AGENCY		DEPARTMENT	CITY	STATE	HR USE ONL	
JOB TITLE	BEGIN DATE	END DATE	FORMER NAME(S) US	SED, as applicable		
NAME OF TEXAS STATE AGENCY	•	DEPARTMENT	CITY	STATE	HR USE ONL	
JOB TITLE	BEGIN DATE	END DATE	FORMER NAME(S) US	SED, as applicable	-	
NAME OF TEXAS STATE AGENCY		DEPARTMENT	CITY	STATE	HR USE ONL	
JOB TITLE	BEGIN DATE	END DATE	FORMER NAME(S) US	EED, as applicable		
NAME OF TEXAS STATE AGENCY		DEPARTMENT	CITY	STATE	HR USE ONL	
JOB TITLE	BEGIN DATE	END DATE	FORMER NAME(S) US	SED, as applicable		
			gible for longevity pay upor inted to determine an emplo			
I am a retiree o	of another Texas S	State Agency in wl	nich I am receiving an	annuity.		
My date of ret	irement was:					
SIGNATURE I authorize the agencies listed	above to release inform	nation to Texas A&M U	niversity-CC concerning my	y previous state s	ervice.	
Signature	Signature		Date			
Total days of service allocated: Total sick leave hours transferred:		I have reviewed th	mmissioned officer, e application and			