



# **Employee Request for State Service Verification - For Leave Accrual Purposes (Annual/Sick) -**

Instructions: An employee may complete this form to request verification of state service. Upon completion, the form should be provided to the agency human resource office. If all service is within the current agency, the agency HR office should verify service internally. If service is spread among differing agencies, the agency HR office should submit this form to the Personnel Cabinet via Business Request category "Personnel Administration/ State Service Verification".

Employee Name:

Personnel # (Pernr):

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## Social Security Number

Cab/Dept:

Position #:

Rehire Effective Date (If applicable):

I have provided below all official full names and variations under which I have worked in State Government:

I have provided an account of my employment history with state government below.

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**Employee's Printed Name**

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**Employee's Signature**

Date