VERIFICATION OF PRIOR SERVICE

Wood County requires verification of information concerning previous public employment for purposes of calculating vacation leave accrual and sick leave credit. This information is being requested under Ohio's Public Records Law.

FORMER EMPLOYER: _____

ADDRESS: _____

PLEASE COMPLETE THE FOLLOWING FOR:
Former Employee _____ Social Security Number _____

VERIFICATION OF PRIOR EMPLOYMENT/SERVICE: (To Be Completed by Former Employer)
Hire Date: _____ Separation Date: _____
Number of pay periods in active pay status _____

Number of pay periods in inactive pay status (e.g. leave without pay) _____

Please provide a payroll history for this employee to assure that proper credit is given for prior service.

Position Was: _____ Full-Time ○ 40 hours/week ○ Less than 40 hours/week but considered full time
_____ Part-Time
_____ Other (Explain) _____

Employee Contributed to O.P.E.R.S. _____ Yes _____ No

Total Service Upon Separation: _____ Years _____ Days

Number of Sick Leave Hours paid out at separation: _____

Has this employee worked for you within the last 10 years? ☐ Yes ☐ No

If so, please list the number of Sick Leave Hours that can be transferred: _____

Does this number include other prior service credit? ☐ No ☐ Yes _____
Agency

Vacation Accrual rate at time of separation: _____

Did this employee leave employment with your public agency due to conviction of a felony? ☐ Yes ☐ No

_____ _____
Signature of Former Employer Title

_____ _____
Date Telephone Number

Please return requested information to the address below. Thank you for your assistance in providing this information. If you have any questions regarding this request, please contact me.

Name: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____