PRIOR STATE SERVICE QUESTIONNAIRE

(For how to calculate see HR Handbook>Layoff Issues>Section 2>Adjusted Service date for Layoff (Rule 1.39.2)-General Information)

Name: _____ Job Classification: _____

(Print: LAST, FIRST, MI)

Military Service (if applicable)

DATES From: _____

To: _____

Division/Section _____

Name of State Agency	**Employment Status (Permanent, Job Appt., Restricted, Provisional Unclassified)**	**Employment Dates (mo., day, yr.)**		**Full Time OR Part Time**	**No. of Hours Worked Per Week**	**Leave Without Pay**		Office Use Only		
		FROM	TO			Yes	No	TOTAL SERVICE		
						(Dates)		YEARS	MONTH	DAYS
						From	To			
								TOTAL LEAVE ACCRUED		
								TOTAL OTHER		

THE EMPLOYMENT INFORMATION LISTED BY ME IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

_____ _____

Employee Signature **Date**