

PRIOR LOUISIANA 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: _____ Other Last Names Used (if any): _____ Military Service (if applicable)
 (Print: LAST, FIRST, MI) DATES From: _____

Job Classification: _____ 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 | | | |
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| | | | | | | | | TOTAL LEAVE ACCRUED | | |
| | | | | | | | | | | |
| | | | | | | | | TOTAL OTHER | | |
| | | | | | | | | | | |

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

Employee Signature

Date

Please list Louisiana state service that may include part-time appointments, student appointments and WAE (When Actually Employed) appointments. These appointment types will be reviewed for service credit eligibility.