

**Department of Culture, Recreation and Tourism
Prior State Service Questionnaire**

Employee's Name: _____

Division/Section: _____

Name of State Agency	Employment Status (Perm., Job Appt., Rest. Appt, Unclassified, etc.)	Employment Dates (Month, Day, Year)		Full Time or Part Time	# of Hours Worked Per Week	Leave without Pay Yes or No Dates: From - To	Office Use Only Total Service Years, Months, Days
		From	TO				

Do you have military service time? _____ If yes - Dates of Service From: _____ To: _____

Have you ever been in a Government Retirement System? If so, which one? _____

Are you currently retired from any system? If so, which one? _____

Employment information listed by me is accurate and complete to the best of my knowledge.

_____ Social Security Employee Signature Date

OFFICE USE ONLY:	
Leave Balances	Adjusted Leave Service Date: _____
Sick: _____	Adjusted Service Date: _____
Annual: _____	
FMLA: _____	Verified By _____