

Notification & Authorization of Prior State Service

Welcome to the University of Arkansas! We hope your employment with the University of Arkansas will be a rewarding experience. You may not know that as an employee of the University you may be eligible for the benefit identified below in the OPM policy section 105, sub-section 2.4.* The Prior Service information has an effect on monthly leave accrual, recognition for Career Service and the "Longevity Award".

If you have worked with any Arkansas State Agency or Institution of Higher Education within the State of Arkansas or if you have worked at the University of Arkansas in the past, we would like to credit that time to your **current service** at the U of A. Please complete the lower portion and return to ADMN-222, attention Cindy Higdon.

NOTE: Periods of employment at Arkansas Public Schools, Graduate Assistantships, Straight Hourly or periods of LWOP cannot be applied to Prior Service.

We look forward to working with you as a new or returning team member of the University of Arkansas, Fayetteville Campus!

*OPM policy section 105 sub-sections 2.4 states, "Years of employment may be continuous state employment or an accumulation of years of service when the employee was out of State service for a time. Effective July 1, 1975, prior service is established in completed years of service only. Service prior to July 1, 1975, will be established in completed years & months of service.

**NOTIFICATION & AUTHORIZATION TO RELEASE INFORMATION
FOR PRIOR SERVICE**

I am providing information regarding my prior service and authorizing release of such information to the University of Arkansas. I, _____,
(Include maiden name if applicable) SS# _____, had prior service with _____

Agency(s)/Institution(s). I was hired in a *benefited title* on _____ and terminated on _____.

I am **currently** working for the University of Arkansas' at _____ department and can be reached by phone extension # _____ or by campus mail at _____.

(Please complete the following information on your prior state employment)

- * **State Agency/Institution Name:** _____
- Mailing Address:** _____
- Email Address:** _____
- Contact Person:** _____
- Phone Number:** _____
- Fax Number:** _____

*Please indicate if there is more than one period of prior state service.

Date: _____ **Employee Signature:** _____