\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Last, First, Middle Initial) (Social Security Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The date on which current period of permanent, full-time employment began with this school administrative unit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The total number of years and months of prior permanent, full-time service with this or other North Carolina school administrative units. Include permanent part-time (50% or more) service equated to nearest number of full time years and months. (This time excludes any leave without pay with the exception of military leave. For purposes of this section, a school year is equivalent to one full year.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years of aggregate service with the Community College System prior to joining this school administrative unit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years and months of aggregate service with a State Agency. (Examples: State Department of Administration, State Revenue Department, Department of Motor Vehicles, NC State University, State Department of Community Colleges, State Department of Public Education.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years of aggregate service with other governmental units which are now State agencies. (Examples: County Highway Maintenance Forces, Was Manpower Commission.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years of aggregate service with a local Mental Health, Public Health, Socials Services or Civil Preparedness Agency in North Carolina if such employment is subject to the State Personnel Act.

---------------------------------------------------------------------------------------------------------------------------------------

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total aggregate State service as itemized above. (This total should include all experience for which you are eligible to receive credit.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Employee

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dates of Permanent Full-Time | | | | | | | |  | |  | |  | |  | |  | |
| or Permanent Part-Time State of NC Service | | | | | | | | | | | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
| From: | |  |  | To: |  |  |  | |  | |  | |  | |  | | Part-Time | |
| M | D | Yr |  | M | D | Yr |  | | Years | | Months | | Place of Employment | | Position Held | | or Full-Time | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |

**Please Note:** **Employees paid from the certified teacher salary schedule are no longer eligible for longevity payments earned after July 1, 2014.**

**Please provide the information to determine your earned leave accrual rate which is based on your years of North Carolina State service.**