

Prior Creditable & Non-Creditable Notification

Creditable service affects your vacation leave earning rate, longevity pay, service award eligibility and total state service for retirement. By authority of the State Human Resources Act, credit shall be given for full-time and part-time (regularly scheduled for 20 hours or more per week), permanent, probationary, trainee and/or time-limited employment with any state or local agency from one of the following agencies in North Carolina.

Creditable Service

- 1. State Agencies (Subject or Exempt from the State of Human Resources Act)
- 2. Public School System
- 3. Community College System
- 4. Local Mental Health
- 5. Local Public Health
- 6. County Department of Social Service
- 7. County Emergency Management
- 8. County Agriculture Governmental
- 9. General Assembly

Non-Creditable Service

Credit shall not be given for:

- 1. Temporary service (Except for General Assembly employees)
- 2. Out-of-state service
- 3. Federal employment
- 4. City employment
- 5. County employment (All Other County Employment not listed above)
- 6. Sheriff's Department
- 7. Police Department
- 8. Time while on leave without pay (*Except for military service and workers' compensation leave*)

Important Note on Retroactive Adjustments

If the employee fails to produce evidence of prior service at the time of employment and later produces such evidence, it creates a cumbersome, time-consuming process to adjust leave records. When this occurs, adjustments will only be allowed for the previous twelve months. Exceptions will be made only if the agency is at fault or fails to properly detect prior service identified as creditable on this form.

The above information has been explained to me by the Human Resources staff, and, if applicable, a copy of the Prior State Service Verification form completed by my prior employer(s) can be provided at the request of the employee.



Prior Creditable State Service Verification Form Revised 12/10/2021

Section A:

Employee Prior North Carolina State Employment Designation					
Name:	UNC Charlotte ID Nu	umber:			
I have been previously employed by a North Caroli	na state employer:	Yes 🗆	No 🗆		
Previous Teachers & State Employees Retirement System Participation: Yes No					
Previous Optional Retirement Plan Participation: Yes 🗆 No 🗆					
If Yes; Complete Section B of this form and forward to the Benefits Department for Processing.					
I certify that the above information is accurate and complete.					
Employee Signature:	Print Name:				

Section B:

UNC Charlotte Employee Information	Former Employer Information
Employee Name:	Name of Agency:
Employee ID:	Prior Position:
SSN #: (last four)	SHRA EHRA9-Month Faculty
Date of Hire at UNC Charlotte:	Agency Address:
Phone Number:	Agency Phone Number:

★ Is your agency/institution subject to the State Human Resources Act? Yes □

Section C: The employee above was formerly employed by your agency/institution as a "permanent" employee. Please verify the information below upon separation, including any breaks or leave without pay.

No □

Service Date From	: To:		PT or	FT		Breaks in Servic	e:
Service Date From	: To:		PT or	PT or FT		Breaks in Service:	
Amount ele				ation in HCFSA or DCFSA for current year: Yes \square No \square elected for current plan year:			
Sick Leave Hours:			U	vity Eligible:	Yes 🗆	No 🗆	
Annual Vacation Leave Hours:			Amount of Longevity: Last Paid (if applicable):				
9/2002-9/2014	Special Annual Leave Bonus FY 18-19 Hours:	Special E Leave FY Hours:	7 17-18	Plan E	lection:	Total NC State Service Years:	Months:
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I certify that the above information is accurate and complete.

HR Signature:		Print Name:		
Date:	HR Title:	Phone:		
Return To:	UNC Charlotte Benefits Office, 9201 University City Blvd, King Building, Room 207 King Building, Room 207 Charlotte, NC 28223	Questions:	Gina Ewart, Benefits Consultant Phone: (704) 687-0647 / Fax: (704) 687-5254 <u>benefits@uncc.edu/</u> Phone: (704) 687-8134	