



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 2/10/2025

Section A:

Employee Prior North Carolina State Employment Designation	
Name:	UNC Charlotte ID Number:
I have been previously employed by a North Carolina (State) employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Teachers & State Employees Retirement System Participation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Optional Retirement Plan Participation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If Yes; Complete Section B of this form and forward to the Benefits Department for Processing.</i>	
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: SHRA ___ EPS (EHRA) ___ 9-Month Faculty ___
SSN #: (last four)	Last day of employment:
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 No

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.*

Service Date From:	To:	PT or FT		Breaks in Service:
Service Date From:	To:	PT or FT		Breaks in Service:
List any periods of Leave without Pay:			Participation in HCFSA or DCFSA for current year: Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Amount elected for current plan year:	
Sick Leave Hours:		Longevity Eligible:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annual Vacation Leave Hours:	Personal Leave Hours (EPS):	Amount of Longevity: Last Paid (if applicable):		
Personal Observance Leave Hours:	Bonus Leave 9/2002-9/2014 Hours:	Special Annual Leave Bonus FY 17-18 Hours:	Special Bonus Leave FY 18-19 Hours:	Prior Retirement Plan Election: ORP ___ TSERS ___
				Total NC State Service Years/Months:

I certify that the above information is accurate and complete.

HR Signature: _____

Print Name: _____

Date: _____ HR Title: _____

Phone: _____

Return To: benefits@charlotte.edu
Fax: (704) 687-5254

Questions: Shakalyn McLean, Benefits Counselor
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