



Declaration of Prior Ohio State Service

If you were previously employed by Kent State University, the State of Ohio, or any political subdivision of the State of Ohio, your prior service time may be creditable toward your **vacation entitlement***. Examples of political subdivisions include: city, municipality, village, township, state university, school district, health district or public library.

*Bargaining unit employees represented by AFSCME should refer to Article 32 (A) regarding prior service and vacation entitlement:

*Prior service with the state or any political subdivision of the state shall not be credited for purposes of calculating an employee's vacation entitlement, provided bargaining unit employees hired prior to February 4, 1990, shall be credited for prior service only with the State or Ohio for purposes of calculating vacation entitlement.

Service time from student or graduate assistant employment or from an elective office is not creditable.

Unused sick leave may be transferable from your prior state employer if your employment is within the past ten (10) years.

Please complete all applicable information below. The Human Resources department will make initial contact regarding service time and the transfer of sick leave.

Date present employment started with Kent State University: ____/____/____
mm dd yyyy

Department: _____ Campus: _____ Title: _____

Please check all that apply:

- No prior state service.
- Prior service with Kent State University.
Last position: _____ Department: _____
Dates of Employment: From: ____/____/____ To: ____/____/____
mm dd yyyy mm dd yyyy

*Are you a prior retiree from a State of Ohio Agency or political subdivision? Y N
Retirement date: _____

*Do you have prior service with a State of Ohio Agency or political subdivision? Y N

*If yes, complete the following (Attach additional sheet if necessary).
Complete and accurate information will expedite processing.

Name of Agency: _____

Address: _____

Phone: () _____ Fax: () _____

Dates of Employment: From: ____/____/____ To: ____/____/____
mm dd yyyy mm dd yyyy

Last Position: _____

Name(s) Used During Employment: _____

CLASSIFIED AND UNCLASSIFIED STAFF – RETURN COMPLETED FORM TO HUMAN RESOURCES RECORDS
FACULTY – RETURN COMPLETED FORM TO ACADEMIC PERSONNEL

Employee Signature Date Social Security Number

Employee Name (Please Print)