



## Employment Verification Record

If you have worked for another South Carolina state agency, or for a South Carolina school district, please complete this form as thoroughly as possible. The information will be used to assist us in determining your state service date, as well as appropriate annual leave accrual rate. Please sign and date this form before returning it to us at [hrleave@mailbox.sc.edu](mailto:hrleave@mailbox.sc.edu).

1. Last four digits of SSN	2. Last name	3. First name		
4. Current address (Street)		5. Current city	6. Current state	7. Current ZIP
8. Date of birth	9. Telephone number	10. Personal Email address		
11. Maiden or former last names		12. USC Email address (if available)		
13. Date of hire (example March 1, 2001)		Status <input type="checkbox"/> Permanent (FTE) <input type="checkbox"/> Temporary <input type="checkbox"/> RGP/Time-Limited		Hours per week

14. List previous employment with South Carolina state agencies or with South Carolina school districts. Attach additional sheets if necessary.				
Name of previous employers	Dates of employment (example March 1, 2001, to January 15, 2009)		Status	Hours per week
			<input type="checkbox"/> Permanent (FTE) <input type="checkbox"/> Temporary <input type="checkbox"/> RGP/Time-Limited	
			<input type="checkbox"/> Permanent (FTE) <input type="checkbox"/> Temporary <input type="checkbox"/> RGP/Time-Limited	
			<input type="checkbox"/> Permanent (FTE) <input type="checkbox"/> Temporary <input type="checkbox"/> RGP/Time-Limited	
			<input type="checkbox"/> Permanent (FTE) <input type="checkbox"/> Temporary <input type="checkbox"/> RGP/Time-Limited	
			<input type="checkbox"/> Permanent (FTE) <input type="checkbox"/> Temporary <input type="checkbox"/> RGP/Time-Limited	
Employee signature: _____ Date: _____				