



Years of Service Verification Form

To be completed by the Employee										
Former WV State Agency:										
Employment From:		Month/Yr.	through				Month/Yr.			
I have recently become employed by Marshall University and need verification of my prior West Virginia state employment service. Please research your records and verify my service and any unused sick leave which can be transferred to Marshall University.										
Signature:					Date:					
Name:				SSN (Last Four Digits):						
Street Address:										
City:			State:			Zip:				
Former Name (if applicable):										
To be completed by the West Virginia State Agency										
<i>Please initial any corrections</i>										
State Agency Name:										
Contact Name:					Contact Title:					
Street Address:										
City:			State:			Zip:				
Phone Number:					Email Address:					
Employee Hire Date:		Employee Termination Date			Hours per Week		Months per Year			
Hours of Sick Leave Transferred:		Hours of Annual Leave Transferred:			Was the employee considered benefits eligible?			Yes		
								No		
I verify to the best of my knowledge that the above information is correct.										
Signature:					Date:					

Please return form to:
 Marshall University
 Human Resource Services
 One John Marshall Drive
 Huntington, WV 25755-1065
human-resources@marshall.edu