



Office of Human Resources
 One Mountwest Way, Suite 101V, Huntington WV 25701
 Phone: 304-710-3501 FAX: 304-710-3505

Years of Service Verification Form

The employee listed below has informed our office of prior Years of Service with your agency. This information is necessary for annual leave accrual rate determination, calculation of longevity/annual increment pay and sick leave balances.

Section 1: Employee

I, _____ (Name of Employee, please print) authorize the following State Agency to release any and all information requested to The Office of Human Resources at Mountwest Community & Technical College regarding my past years of service.

Date of Birth: _____ (MM/DD/YY)

SSN# _____

 (Signature)

 (Date)

Section 2: West Virginia State Agency

INITIAL CORRECTIONS, DO NOT WHITEOUT

State Agency Name		Contact Name and Title	
Address – Number and Street			Email Address
City	State	Zip	Phone Number

*Employee Hire Date (MM/DD/YY)	*Employee End Date (MM/DD/YY)	Hours Per Week	Months Per Year	Benefits Eligible Yes/No	Job Title	Annual Leave to be Transferred (In Hours)	Sick Leave to be Transferred (In Hours)

*Show breaks in Service

 Signature of State Agency Representative

 Date

Return Completed Form to the Above Address