Certification of Prior Employment - Annual Vacation Leave Accrual Rate

Time worked in other Montana public sector jobs may count toward the rate at which an employee earns annual vacation leave credits. Time which counts includes employment by a Montana State Agency, the University System, a City, County, Town, School District or any other public jurisdiction which is covered by and provides annual leave to its employees.

To claim prior Montana public employment or military service time please follow the instruction below. For additional information regarding eligibility for annual vacation leave accrual please reference:


INSTRUCTIONS TO ELIGIBLE EMPLOYEE:
Please provide the information requested below for each previous Montana public employer. If your name has changed, please provide the exact name you used at the time of employment with each Agency. When completed, send this form to each previous Montana public employer for employer certification.

Please Print:
- Name of Former Montana Employer: __________________________________________
- Your Current Name: _______________________________________________________
- Previous Name(s): _________________________________________________________
- Social Security Number: ____________________________________________________
- Position Title(s): _________________________________________________________
- Estimated Dates of Employment: From: ___________ To: ________________

Employee Signature: ___________________________ Date: _______________________

INSTRUCTIONS TO EMPLOYER:
Please provide the following employment verification information, and return this form to the address listed below.

Please Print:
- Employer's Name: ___________________________________________________________________
- Dates of Employment: From: ___________ To: ________________
- Type of Employment: Full-time: ___________ Part-time: ___________
- Total Hours Worked: _____________________________________________________________
- Certified By:
  - Name: _________________________________________________________________
  - Title: _________________________________________________________________
  - Work Phone: _______________________

Employer Signature: ___________________________ Date: _______________________

PLEASE RETURN COMPLETED FORM TO:
Montana State University
Office of Human Resources
PO Box 172520
Bozeman, MT 59717-2520
(406) 994-3651

THANK YOU!

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