

CERTIFICATION OF PRIOR EMPLOYMENT HOURS FOR ANNUAL VACATION LEAVE RATE EARNED

If you are not eligible

To claim prior Montana public employment or military service time, please sign and date this form. This form will be retained in your personnel file.

I do not claim prior Montana public employment or military service time to be applied to the rate at which I earn annual vacation leave.

(Your signature) (Date)

INSTRUCTIONS TO ELIGIBLE EMPLOYEES: Complete lines 1 through 5 and send this form to each previous Montana public employer. Give estimated dates of employment. If your name has changed, give the exact name you used while employed there:

EMPLOYEE COMPLETES:

- 1. Name of Former Montana Employer _____
- 2. Your Name _____
Previous Name(s) _____
- 3. Social Security Number _____
- 4. Position Title(s) _____
- 5. Estimated Dates of Employment _____

INSTRUCTIONS TO EMPLOYER: Please provide the following information so that this employee may have employment time with your agency count toward the rate at which annual leave is earned, as provided in 2-18-612, MCA. An employee (full-time or part-time) should be credited with 1 year of employment as follows: 1) for each period of 2,080 hours of services; (an employee should be credited with 80 hours of service for each bi-weekly pay period in which the employee is in a pay status or on an authorized leave without pay (LWOP), regardless of the number of hours of service in a pay period); 2) for each 12 calendar month period in which the employee was in a pay status or on an authorized LWOP, regardless of the number of hours of service in any months (school districts) or: 3) for each completed academic year of employment.

Please convert years of employment into numbers of hours of employment using 2080 hours equals 1 year formula. Portions of a year should be prorated. Please complete the bottom of this form and return it to the address listed below, as soon as possible. Questions may be referred to Montana State University, Personnel and Payroll Services (406) 994-3651.

- 6. Employer's Name _____
- 7. Dates of Employment _____
- 8. Type of Employment: Full-time _____ Part-time _____
- 9. Total Hours Worked _____
- 10. Certified By:
Name _____
Title _____
Phone # _____
Date _____

RETURN COMPLETED FORM TO: Montana State University
Personnel and Payroll Services
PO Box 172520
Bozeman, MT 59717-2520