

For transfer of prior state service credit, leave balances, benefit replacement pay, insurance and/or ERS/TRS retirement information

Important: It is the responsibility of the employee to request transfer of prior state service credit, leave balances, benefit replacement pay, insurance and/or retirement information. Disclosure of your Social Security number (SSN) is requested from you so The University of Texas at Austin can verify all your pertinent prior state employment. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in loss of your prior state employment information that affects pay, health and retirement benefits. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code).

Email completed form to hrsc@austin.utexas.edu

Fax to: Human Resources — Employee Records • 512-232-3524

Prior State agency or institution _____

Fax number _____

Employee name _____

EID _____

Social Security number _____

Start date with UT Austin _____

The following sections are to be completed by the prior state agency or institution.

Dates of previous employment — enter dates in MM/DD/YYYY format

From _____	to _____	From _____	to _____
From _____	to _____	From _____	to _____
From _____	to _____	From _____	to _____
From _____	to _____	From _____	to _____

Is any of the above listed service hazardous duty pay eligible? Yes No

Information to be transferred

Annual leave balance _____ Sick leave balance _____ Annual benefit replacement pay _____

Did the employee satisfy the 90 day insurance waiting period? Yes No

What is the termination date of insurance benefits? _____

Payroll data Current calendar year-to-date wage information through _____

_____	_____	_____	_____	_____
Gross wages	Medicare wages	Medicare deductions	Social Security wages	Social Security deduction

Retiree information

State retirement (ERS/TRS) date _____ Last day employed prior to retirement date _____

Offered ORP? Yes No _____ Date _____ Enrolled in ORP? Yes No _____ Date _____ Vested? Yes No _____ Date _____

Prepared by

_____	_____	_____	_____
Name and Signature	Title	Phone	Fax

_____	_____	_____
State Agency #	E-Mail	Date

For Records use only

Initial and date _____ Benefits Payroll



Authorization to Release Student Employment Records

Revised 2/2025

Under the Family Educational and Privacy Rights Act (FERPA), 20 U.S.C. 1232(g), the University of Texas at Austin may not release information about a student's employment with the University in a position requiring student status without the student's written consent, subject to exceptions provided under FERPA. If you wish to provide such consent, please complete this form, sign and date it, and return it as follows:

EMAIL completed form to
hrsc@austin.utexas.edu or **FAX** to
512-232-3524
or **MAIL** to
Human Resources
The University of Texas at Austin
1616 Guadalupe Street

I, _____, give The University of Texas at Austin (UT) permission to disclose
name (please print or type) of student or former student
information from my student employee personnel file to individuals and businesses that request employment verification information of the type I have checked below, in order to facilitate loan, credit, real estate, employment, transfer of state service, and similar applications that I may have made.

I authorize release of the following types of information [check all that apply]:

- | | | |
|---------------------|-----------------------------------|--|
| Position held | <input type="checkbox"/> Disclose | <input type="checkbox"/> Do not disclose |
| Salary information | <input type="checkbox"/> Disclose | <input type="checkbox"/> Do not disclose |
| Dates of employment | <input type="checkbox"/> Disclose | <input type="checkbox"/> Do not disclose |

Signature of student or former student

Date

Name (please print or type) used in UT student employee personnel records, if different from current name

UT EID, if known