



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).

Fax completed form to 512-232-3524

To: Human Resources — Employee Records · The University of Texas at Austin

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 _____

Title _____

Phone _____

Fax _____

State Agency # _____

E-Mail _____

Date _____

For Records use only

Initial and date _____

Benefits

Payroll