



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 \_\_\_\_\_ Enrolled in ORP?  Yes  No \_\_\_\_\_ Vested?  Yes  No \_\_\_\_\_  
Date Date Date

**Prepared by**

\_\_\_\_\_  
Name and Signature Title Phone Fax

\_\_\_\_\_  
State Agency # E-Mail Date

**For Records use only**

Initial and date \_\_\_\_\_ Benefits  Payroll



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:

FAX completed form to 512-232-3524 or MAIL to Human Resources The University of Texas at Austin 1616 Guadalupe Street STOP J5600 Austin, TX 78701

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 [ ] Disclose [ ] Do not disclose
Salary information [ ] Disclose [ ] Do not disclose
Dates of employment [ ] Disclose [ ] 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