

# Appalachian

STATE UNIVERSITY  
Human Resource Services  
Total State Service Form

The person named below claims employment with your agency. In the designated spaces below, state the actual dates of employment, (including leave without pay dates), classification title, full-time or part-time, permanent or temporary, and if the employee is staff or faculty. Also, please include the vacation and/or sick leave balances at termination and longevity pay eligibility information.

Employee Information	
Employee Name	
Employee Social Security Number	

Agency Information	
Full Name of Agency	
Complete Mailing Address	

Employment Information			
Classification Title			
Employment Dates	From (mm/dd/yy):		To (mm/dd/yy):
Leave Without Pay Dates	From (mm/dd/yy):		To (mm/dd/yy):

Longevity			
State Creditable Service Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Longevity Paid Out	<input type="checkbox"/> Yes	Date (mm/dd/yy)	<input type="checkbox"/> No
Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
	<input type="checkbox"/> Staff <input type="checkbox"/> Faculty		

Leave Balances	
Vacation Leave (hours/minutes)	
Sick Leave (hours/minutes)	
Vacation Bonus Leave (hours/minutes)	

Approval			
Please Print Name			
Title		Telephone Number:	
Signature		Date:	

*Your assistance in verifying the above information is greatly appreciated. This information will insure that the employee will receive the correct amount of vacation leave and longevity pay when it is due. If you have questions concerning this form, please contact Ms. Lynch at 828-262-6481.*

Please mail completed form to:	Glenda Lynch, Office of Human Resource Services Appalachian State University 504 Dauph Blan Street, Boone, NC 28608
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