



Human Resources  
 University of Massachusetts Medical School  
 333 South Street  
 Shrewsbury, MA 01545  
 Phone: (508) 856-5260, option 1  
 Fax: (508) 856-4049

**VERIFICATION OF PRIOR PUBLIC SERVICE**

**(Employee Section)**

\_\_\_\_\_  
 Name of Previous Public Agency Phone number

\_\_\_\_\_  
 Previous Public Agency Mailing Address City State Zip Code

Dates of Employment \_\_\_\_\_

I have currently applied for/ or began employment at the University of Massachusetts Medical School and I authorize the release of information requested below regarding my prior service.

My employment records are listed under the following name(s):

\_\_\_\_\_  
 Employee Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**(Previous Public Agency Section for Human Resources)**

Title of Position Held \_\_\_\_\_ % of Time Worked \_\_\_\_\_

Date Service Began \_\_\_\_\_ Date Service Terminated \_\_\_\_\_

Member of State/County/Municipal Retirement System? Yes \_\_\_\_\_ No \_\_\_\_\_

Contribution Rate (please circle) 5% 7% 8% 9%

Exempt from additional 2% retirement deduction for compensation over \$30,000? Yes \_\_\_\_\_ No \_\_\_\_\_

Exempt from FICA? Yes \_\_\_\_\_ No \_\_\_\_\_

Creditable Years/Months of Service toward Vacation Status \_\_\_\_\_

Accrued time to be transferred to the University of Massachusetts Medical School  
 (Accrued time will only be accepted from other University of Massachusetts campuses)

Vacation Time: \_\_\_\_\_ Hours/Minutes Sick Time: \_\_\_\_\_ Hours/Minutes

Please Circle One:

State Agency County Agency Municipal Agency University of MA Campus

After completion, please return this form to the address indicated above.

\_\_\_\_\_  
 (Signature of Person Completing Form) (Title) (Phone Number)