

**Appalachian State University**  
**Office of Human Resources**  
**TOTAL STATE SERVICES FORM**

THIS CERTIFIES THAT \_\_\_\_\_ LAST FOUR SSN# \_\_\_\_\_

BEGINNING DATE OF EMPLOYMENT \_\_\_\_\_ ENDING DATE \_\_\_\_\_

|   |   |
|---|---|
| <input type="checkbox"/> <i>Full-time</i> <b>Permanent</b><br><input type="checkbox"/> <i>Part-time</i> ( _____ % of full-time)<br><input type="checkbox"/> 10 months<br><input type="checkbox"/> 11 months<br><input type="checkbox"/> 12 months | <b>Temporary (not eligible for State Service Credit)</b><br><input type="checkbox"/> <i>Full-time</i> <input type="checkbox"/> <i>Part-time</i> ( _____ % of full-time)<br><input type="checkbox"/> 10 months<br><input type="checkbox"/> 11 months<br><input type="checkbox"/> 12 months |
|---|---|

Was there any break in service?  Yes or  No      If yes, what were the dates if not included in the period listed above? \_\_\_\_\_

Is this employee  SUBJECT to or  EXEMPT from the State Human Resources Act?

|  |   |
|--|---|
| Sick Leave Balance: _____ Hours<br>Vacation Leave Balance: _____ Hours<br>Bonus Leave Balance: _____ Hours<br>Community Leave Balance _____ Hours<br>FMLA Used: _____ Hours<br>Dates: _____<br>LWOP Date(s): _____ | LEAVE BALANCES AS OF ____/____/____<br>Number of Years/Months State Service Credit<br>_____<br><b>RETIREMENT SYSTEM</b><br><input type="checkbox"/> <i>TSERS</i> <input type="checkbox"/> <i>ORP</i><br>Retirement Number _____ |
|--|---|

Longevity Payment: \$ \_\_\_\_\_ Years: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Months: \_\_\_\_\_

MEMBER OF STATE HEALTH PLAN  Yes or  No    COVERAGE TYPE \_\_\_\_\_

INSURANCE PAID THROUGH \_\_\_\_/\_\_\_\_/\_\_\_\_

List of NC Flex Benefits and date benefits termed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE & TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

STATE AGENCY NAME \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

Fax to 828-262-6489 or email to mcguirecl@appstate.edu