

Certification of Prior Employment -Annual Vacation Leave Accrual Rate

Time worked in other Montana public sector jobs may count toward the rate at which an employee earns annual vacation leave credits. Time which counts includes employment by a Montana State Agency, the University System, a City, County, Town, School District or any other public jurisdiction which is covered by and provides annual leave to its employees.

To claim prior Montana public employment or military service time please follow the instruction below. For additional information regarding eligibility for annual vacation leave accrual please reference:

MCA 2-18-612. Rate Earned: http://leg.mt.gov/bills/mca/2/18/2-18-612.htm
http://leg.mt.gov/bills/mca/2/18/2-18-614.htm

INSTRUCTIONS TO ELIGIBLE EMPLOYEE:

Please provide the information requested below for each previous Montana public employer. If your name has changed, please provide the exact name you used at the time of employment with each Agency. When completed, send this form to each previous Montana public employer for employer certification. Please Print:

45				
45	Previous Name(s):			
45	Social Security Number:			
45	Position Title(s):			
45	Estimated Dates of Employment:	From:	To:	_
En	ıployee Signature:		Date:	
lease Prin	ride the following employment verificatio t:	on information, and return th	is form to the address listed below.	
	Employer's Name:			
45		From:		
43	Dates of Employment:		To:	
	Dates of Employment: Type of Employment:	From: Full-time:	To:	
43	Dates of Employment: Type of Employment: Total Hours Worked:	From: Full-time:	To:	
43	Dates of Employment: Type of Employment: Total Hours Worked: Certified By:	From: Full-time:	To: Part-time:	
43	Dates of Employment: Type of Employment: Total Hours Worked: Certified By: Name:	From:Full-time:	To: Part-time:	
43	Dates of Employment: Type of Employment: Total Hours Worked: Certified By: Name:	From:Full-time:	To: Part-time:	

PLEASE RETURN COMPLETED FORM TO:

Montana State University Office of Human Resources PO Box 172520 Bozeman, MT 59717-2520 (406) 994-3651

THANK YOU!