

State Employment Verification Form

Last Name: _____ First Name: _____

EMPL ID: _____ Date of Birth: _____ Hire Date: _____

Other Names: _____ Title: _____

____ NO PREVIOUS OR CURRENT UT SYSTEM EMPLOYMENT

____ NO PREVIOUS OR CURRENT ERS EMPLOYMENT

____ NO PREVIOUS OR CURRENT TEXAS STATE AGENCY EMPLOYMENT

HAVE YOU EVER MADE CONTRIBUTIONS TO TRS, ERS, OR ORP? ____ Yes ____ No

List Prior Institution and State Agency Employment

1) Name of Institution: _____

City, State: _____

Dates of Employment: _____

2) Name of Institution: _____

City, State: _____

Dates of Employment: _____

3) Name of Institution: _____

City, State: _____

Dates of Employment: _____

Are you a Direct Transfer from another Institution, ERS, or Texas State Agency? ____ Yes ____ No

Are you a TRS/ERS/State Agency/ISD Retiree? ____ Yes ____ No

List Employer or ISD Information.

Location: _____ Dates of retirement: _____

Are you currently contributing to TRS with another employer? ____ Yes ____ No

If Yes, List employer: _____

Signature: _____ Date: _____

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.