



## Prior Service Credit for Paid Time Off (PTO) & Tuition Concession

1. Reference: HRPPM, Section III-3, Prior Service Credit
2. This form is to be used by former regular staff employees to request prior service credit with the University or University School of Medicine. Requests are to be submitted to the Human Resources Department, Room 116, Reynolda Hall or sent via facsimile to 758-6127.
3. Only prior employment as a "regular staff employee" (full-time or part-time) is eligible for service credit. A "regular staff employee" is one who is scheduled (budgeted) to work 1000 or more hours annually. No credit is given for temporary or occasional employment which is defined as less than 1000 hours annually.
4. Upon approval of the request for prior service credit, your service anniversary date will be adjusted, which means the prior service will be counted toward leave accrual rates and service awards.
5. Please ensure the information you provide regarding prior regular service is correct and as complete as possible in order to facilitate the processing of your request.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Campus Ext. #: \_\_\_\_\_ Current Hire Date: \_\_\_\_\_

Employing Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of prior service for which reinstatement is requested:

Start Date	End Date	WFU or WFU School of Medicine	Supervisor	FT/PT	Hrs. Worked Annually	Confirmed by HR

Other name(s) under which you may have been employed, particularly maiden name:

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### *Human Resources Use Only*

The following determination has been made in response to your Request for Prior Service Credit:

Credit will be granted for service to the University as confirmed above for a total of:  
\_\_\_\_\_ years and \_\_\_\_\_ months. To reflect this additional credit,  
your **Adjusted Service Date** (PEAEMPL) will be revised from \_\_\_\_\_ to \_\_\_\_\_

Credit will **not** be granted for service to the University from \_\_\_\_\_ to \_\_\_\_\_  
because: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Completed: \_\_\_\_\_ (Employment) \_\_\_\_\_ (Employee Relations) \_\_\_\_\_ (HRSC)