

**Prior Service Credit  
Certification of Employment Form**

P.O. Box 7424, Winston-Salem, NC 27109  
Phone: 336-758-5996 Fax: 336-758-5004  
Web Site: www.wfu.edu/hr

**SECTION I – EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_  Full Time  Part Time  
(Please Print)

WFU ID Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION II – CERTIFICATION INFORMATION**

During the 24 months immediately preceding your employment at Wake Forest University, were you employed at an educational institution or non-profit research organization?  Yes  No  
(Do not include employment which was associated with your education such as graduate assistantships.)

If so, please provide the following information:

Dates of Employment		Name of University or Organization	City, State	Status	
From	To			Full Time /	Part Time
				<input type="checkbox"/> FT	<input type="checkbox"/> PT
				<input type="checkbox"/> FT	<input type="checkbox"/> PT
				<input type="checkbox"/> FT	<input type="checkbox"/> PT

**SECTION III – PRIOR PARTICIPATION**

Have you participated in a Tax Deferred Retirement Plan?  Yes  No

If so, what is your year-to-date contribution total? \_\_\_\_\_

**SECTION IV – EMPLOYEE SIGNATURE**

\_\_\_\_\_  
Employee Signature Date

HR Use Only:

Seniority Date (Eff date of RA Plan): \_\_\_\_\_ Eligibility Letter Sent:  Yes  No Date: \_\_\_\_\_  
Not Eligible   
Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_