



Request for Prior Service Certification from The Ohio State University

This form is to request certification of time worked for vacation/longevity credit and to transfer any unused sick leave balances remaining at The Ohio State University to your new State of Ohio Employer. Complete Section 1 and return this form via mail, fax or email to: **The Ohio State University Office of Human Resources, 1590 N. High Street, Columbus OH 43201, Fax: 614-292-7813, Email: HRConnection@osu.edu.** Ohio State will return a completed copy of this form to the employer's address you list in Section 1. Please allow up to two weeks for certification, up to four weeks if employment was prior to 1997.

SECTION 1: COMPLETED BY PREVIOUS OHIO STATE UNIVERSITY EMPLOYEE

First Name	Last Name	M.I.	Former Name (if applicable during previous employment)
Former Ohio State Employee ID	Social Security Number (required)	Date of Birth (required)	
Email Address		Phone Number	
Employee Signature		Date	

Current employer's address to which Ohio State should return this form:

Current Employer's Name _____

Attention To _____

Address _____

Fax Number _____

SECTION 2: COMPLETED BY THE OHIO STATE UNIVERSITY OFFICE OF HUMAN RESOURCES

Former Employee's Job Title _____

Former Employee's Dates of Employment _____

Employment Status: Full Time Part Time

Part-time/intermittent only: # of pay periods worked: _____ # of hours worked: _____

Number of bi-weekly pay periods/days worked between 7/1/03 and 6/30/05: _____

Is your agency a political subdivision of the State of Ohio? Yes No

Was this employment covered under by an Ohio Public Retirement System (e.g., STRS, OPERS)? Yes No

If yes, please identify the retirement system: _____

Sick Leave Balance: _____

SECTION 3: VERIFICATION BY THE OHIO STATE UNIVERSITY OFFICE OF HUMAN RESOURCES

Print Name	Signature	
Title/Position	Phone Number	Date