

**PRIOR STATE SERVICE QUESTIONNAIRE**

(For how to calculate see HR Handbook>Layoff Issues>Section2>Adjusted Service date for Layoff (Rule 1.39.2)- General Information)

Name: \_\_\_\_\_ Job Classification \_\_\_\_\_ Military Service (if applicable)  
 (Print: LAST, FIRST, MI) \_\_\_\_\_ DATES FROM: \_\_\_\_\_

TO: \_\_\_\_\_

Division/Section: \_\_\_\_\_

Name of State Agency	Employment Status (Permanent, Job Appt., Restricted, Provisional Unclassified)	Employment Dates (mo., day, yr.)		Full Time Or Part Time	No. of Hours Worked Per Week	Leave Without Pay			OFFICE USE ONLY					
		FROM	TO			Yes	(Dates)					No		
							FROM	TO		Years	Mos.	Days		

THE EMPLOYMENT INFORMATION LISTED BY ME IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

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

\_\_\_\_\_  
Date