

EMPLOYEE'S RECORD OF AGGREGATE STATE OF NORTH CAROLINA SERVICE

___ New Employee ___ Correction to Existing Longevity Record

Full Name: _____ SSN: _____

School/Department: _____

INDICATE EMPLOYMENT RECORD FROM EARLIEST TO CURRENT

From: To:

MM	DD	YY	MM	DD	YY	Place of Employment	Position Held	FT (100%) or PT (Less than 99%)

Total Years of Service: _____

*** Please note that service years with the City of Winston-Salem does NOT count toward Longevity. ***

I certify that to the best of my knowledge, the above information is correct.

Signature

Date