



**North Carolina Department of Health and Human Services
Office of Education Services**

2302 Mail Service Center • Raleigh, North Carolina 27699-2302
919-855-4430 (Voice) 919-855-4448 (TTY) 919-715-6625 (FAX)

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Dwight Pearson, PhD, Ed S, Superintendent

Total State Service Verification Request

Employee Name _____ SSN# _____

Employee Signature Date

Personnel must verify previous state or local county government service. Please list below any service you believe to be creditable. Include telephone numbers if at all possible as well as the name of a contact person.

Total state service shall include on a month-for-month basis, all permanent, probationary or time-limited appointment with the state of NC or with a local NC Mental Health, Public Health, Social Services, Community College or Public School System.

All dates supplied to the Personnel Office will be verified before your Total State Service Date is determined.

PRIOR STATE SERVICE

1. Name of Department or Agency: _____

Address: _____

Contact: _____ Phone #: () _____

Dates of Employment: From: _____ to _____
mm/dd/yy mm/dd/yy

Leave Without Pay: From: _____ to _____
mm/dd/yy mm/dd/yy

Location: 1020 Richardson Drive • Royster Building • Dorothea Dix Hospital Campus •
Raleigh, N.C. 27603
An Equal Opportunity Employer ξ

2. Name of Department or Agency: _____

Address: _____

Contact: _____ Phone #: () _____

Dates of Employment: From: _____ to _____
mm/dd/yy mm/dd/yy

Leave Without Pay: From: _____ to _____
mm/dd/yy mm/dd/yy

3. Name of Department or Agency: _____

Address: _____

Contact: _____ Phone #: () _____

Dates of Employment: From: _____ to _____
mm/dd/yy mm/dd/yy

Leave Without Pay: From: _____ to _____
mm/dd/yy mm/dd/yy

4. Name of Department or Agency: _____

Address: _____

Contact: _____ Phone #: () _____

Dates of Employment: From: _____ to _____
mm/dd/yy mm/dd/yy

Leave Without Pay: From: _____ to _____
mm/dd/yy mm/dd/yy

5. Name of Department or Agency: _____

Address: _____

Contact: _____ Phone #: () _____

Dates of Employment: From: _____ to _____
mm/dd/yy mm/dd/yy

Leave Without Pay: From: _____ to _____
mm/dd/yy mm/dd/yy

6. Name of Department or Agency: _____

Address: _____

Contact: _____ Phone #: () _____

Dates of Employment: From: _____ to _____
mm/dd/yy mm/dd/yy

Leave Without Pay: From: _____ to _____
mm/dd/yy mm/dd/yy

7. Name of Department or Agency: _____

Address: _____

Contact: _____ Phone #: () _____

Dates of Employment: From: _____ to _____
mm/dd/yy mm/dd/yy

Leave Without Pay: From: _____ to _____
mm/dd/yy mm/dd/yy

cc: Personnel File