## EMPLOYEE'S RECORD OF AGGREGATE STATE OF NORTH CAROLINA SERVICE\*

Full-	Time -Time	Perma or Perr State o rvice	nanent	į							
From	<u>ı:</u>		<u>To:</u>								
Mo.	Day	Yr.	Mo.	Day	Yr.	Yrs.	Mos.	Place of Employment***	Position Held	Part-Time** or Full-Time	

\*Optional form which may be used by the School Administrative Units.

\*\*If permanent Part-Time, Percent (%) of Full-Time

\*\*\*School Administrative Unit, State Agency, Institution or other.

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

Date

Signature of Employee