Employee's Record of Aggregate State of North Carolina Service*

Dates of Permanent Full-Time or Permanent Part-Time State of NC Service

From: To:

Mo.	Day	Yr.	Mo.	Day	Yr.	Yrs.	Mos.	Place of Employment***	Position Held	Part-Time ** or Full-Time PT -or- FT

*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.

Employee Name

Employee Signature

Social Security Number

Date