

For Longevity Purposes, please attach a copy of the NC Aggregate Service Record (Form 103) for the individual below.



Is this Administrative unit governed by the State Personnel Act?

Yes or No (Please circle one)

N.C. State Service Transfer Form

PART I: TO BE COMPLETED BY EMPLOYEE (Please Print):

Last Name _____ First Name _____ MI _____ Social Security # _____
States that he/she was employed in your unit as a _____ from _____ to _____
Job Title _____ Start Date _____ End Date _____

Signature: _____ Date: _____

PART II: MUST BE COMPLETED BY FORMER NC STATE EMPLOYER ONLY:

Dates employed by your unit: Start Date _____ End Date _____ Job Title _____
Leave With Out Pay Dates: (if applicable) _____
Did employee contribute to State Retirement System? Yes _____ No _____
Total years and months of eligible NC state service Years _____ Months _____

LEAVE BALANCES: (PLEASE CIRCLE BELOW TO INDICATE IF BALANCES ARE REFLECTED IN HOURS OR DAYS)

Annual Leave Balance _____	Hours or Days _____	<u>Type of Employment:</u>	<u>Months of Employment:</u>
Sick Leave Balance _____	Hours or Days _____	Full Time _____	10 month _____
Personal Leave Balance _____	Hours or Days _____	Part Time _____	11 month _____
Bonus Leave Balance _____	Hours or Days _____	Hours per Week: _____	12 month _____
As of (MM/DD/YYYY): _____			

LONGEVITY INFORMATION

What month would employee normally receive a longevity payment? _____
Was longevity check issued when employee left your organization? Yes _____ No _____
If yes, was it a full or partial check? Full _____ Partial _____ If the check was partial, how many months were paid? _____

CONTRACT/CERTIFICATE INFORMATION

Type of Contract: Career _____ Date Granted _____ Probationary _____

Beginning Teacher (BT) Information

BT year completed: 1 2 3 (circle one)
BT year successfully completed: Yes No (circle one)

POSSIBLE ENCLOSURES PLEASE CHECK ONLY IF ENCLOSED

- _____ Health Certificate
- _____ Superintendent's Copy of Teaching License & NC Requirement Letter (if applicable)
- _____ RALC Outline (if applicable)
- _____ Continuing Education Report (CEU)

Authorized Signature _____ Title _____

School System/State Agency _____ Telephone # _____

Address _____ Date _____

Please send completed form to the Staffing Office at the address below as soon as possible. Thank you for your cooperation!

712 North Eugene Street, PO Box 880, Greensboro, NC 27402-0880 Phone: 336-378-8806 Fax: 336-370-8062