

1609 Alleghany St.  
Charlotte, NC 28202

## Verification of Eligible North Carolina State Employment

### Part I: Employee information (Must be completed by Employee)

Last	First	Maiden or Middle	Social Security Number	
Street Address		City	State	Zip Code
I was employed with _____				
Previous Employer				
as a _____ from _____ to _____.				
Job Title		Begin Date	End Date	

### Part II: Confirmation of Employment (Must be completed by Previous Employer)

1. Employment Information:

Dates of Employment		Employment Status		NC Retirement Contribution		Dates of Leave Without Pay	
Begin Date	End Date	Part Time	Full Time	Yes	No	Begin Date	End Date

2. Total Eligible NC State Service: \_\_\_\_\_ Years \_\_\_\_\_ Months

3. Was a longevity check issued when employee left your organization?      Yes      No

a. If yes, was it a:      Full Check      OR      Partial Check

b. If partial check, please indicate the fraction of a full check. \_\_\_\_\_

c. What month would employee normally receive a longevity payment? \_\_\_\_\_

4. Leave Balances in Days:

Annual Leave Days \_\_\_\_\_ as of \_\_\_\_\_

Sick Leave Days \_\_\_\_\_ as of \_\_\_\_\_

Personal Leave Days \_\_\_\_\_ as of \_\_\_\_\_

5. Contact Information:

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

School System / State Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ x \_\_\_\_ Fax Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Please fax this completed form directly to Charlotte-Mecklenburg Schools at 980-343-3165.**