

Prior Service Credit

(for Paid Time Off and Service Credit)

P.O. Box 7424 Winston Salem NC 27109 Phone:336-758-4700 Fax: 336-758-6127 AskHR@wfu.edu hr.wfu.edu

Human Resources

This form is to be used by former Wake Forest University or Wake Forest University Health Sciences/School of Medicine regular staff members to request prior service credit with Wake Forest University . Employment at WFU Baptist Medical Center is not eligible for prior service credit.

Only prior employment as a "regular staff member" (full-time or part-time) is eligible for service credit. A "regular staff member" is one who is scheduled or budgeted to work 1,000 or more hours annually. No credit is given for temporary or occasional employment which is defined as less than 1,000 hours annually.

Staff who have previously worked at WFU or WFUHS/WFUSM as a regular full-time or part-time staff member, for at least one continuous year, and who have a break in service of twelve (12) months or less are eligible for service credit. Please note that all years of service will be credited to staff who experienced a job elimination.

Upon approval of the request for prior service credit, your service anniversary date will be adjusted, which means the prior service will be counted toward leave accrual rates and service awards. Please ensure the information you provide regarding prior regular service is correct and as complete as possible in order to facilitate the processing of your request.

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Personal Information								
Name (Last, First, Middle Initial):					Maiden Name (if applicable):			
Date of Birth:		WFU ID:			Pay Period: Monthly Bi-weekly			
Current Date of Hire:		Department:			Contact Number:			
Prior Service Employment Information								
Institution:	Start Date:	End Date:		Employment:		Hours:		
Institution:	Start Date:	End Date:		Employment:		Hours:		
Institution:	Start Date:	End Date:		Employment:	F	Hours:		
Institution:	Start Date:	End Date:		Employment:		Hours:		
Signature:					I	Date:		
Human Resources Use Only								
Employment Verified by:				Employment Verification Date:				
Number of Eligible Years:			Number of Eligib	Number of Eligible Months:				
Number of Ineligible Years):			Number of Inelig	Number of Ineligible Months:			
Comments Section:								
Adjusted Service Date:		Approve	ed By:		Banner Upd	ated On:		\neg