

**STATE BOARD OF EDUCATION  
PUBLIC SCHOOL – LONGEVITY PAY PROGRAM  
EMPLOYEE’S RECORD OF AGGREGATE STATE OF NORTH CAROLINA SERVICE**

\_\_\_\_\_  
Name of School Unit

\_\_\_\_\_  
Name (last, first, middle initial)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
The date on which current period of permanent, full-time employment began with this school administrative unit.

\_\_\_\_\_  
Years                      Months

Total number of years and months of prior permanent, full-time service with this or other North Carolina school administrative units. Include permanent part-time (50% or more) service equated to nearest number of full-time years and months. (This time excludes any leave without pay with the exception of military leave. For purposes of this section, a school year is equivalent to one full year.)

\_\_\_\_\_  
Years                      Months

Number of years aggregate service with the Community College System prior to joining this school administrative unit.

\_\_\_\_\_  
Years                      Months

Number of years and months aggregate service with a State agency. (Examples: State Department of Administration, State Revenue Department, Department of Motor Vehicles, N.C. State University, State Department of Community Colleges, State Department of Public Education.)

\_\_\_\_\_  
Years                      Months

Number of years aggregate service with other governmental units which are now State agencies. (Examples: County Highway Maintenance Forces, War Manpower Commission)

\_\_\_\_\_  
Years                      Months

Number of years aggregate service with a local Mental Health, Public Health, Social Services or Civil Preparedness Agency in North Carolina if such employment is subject to the State Personnel Act.

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\_\_\_\_\_  
Years                      Months

TOTAL AGGREGATE STATE SERVICE as itemized above. (This total should include all experience for which you should receive credit.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

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DATES OF PERMANENT FULL-TIME OR PART-TIME STATE OF NC									*** PLACE OF EMPLOYMENT	POSITION HELD	PART-TIME OR FULL-TIME
FROM:			TO:				YRS	MTHS			
MO	DAY	YR	MO	DAY	YR						

- \* Optional form which may be used by 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