

## **JOB AIDS AND RESOURCES**

## Prior State Service Questionnaire (Layoff Template #1)

Revised 10/17

For information on how to calculate service, see HR Info Portal Sign In > SCS Calculators > Adjusted Service & Leave Date Calculator

me: Job Classification (Print: LAST, FIRST, MI)					Military Service (if applicable)  DATES FROM:					
ivision/Section:								TO:		
Name of State Agency	Employment Status (Permanent, Job Appt., Restricted, Provisional Unclassified)	Employment Dates (mo., day, yr.)		Full Time Or Part Time	Total No. of Hours Worked During Appt. if Part Time or WAE	Leave Without Pay (If Applicable)		OFFICE USE ONLY		
		FROM	ТО			FROM	то	Years	Mos.	Days
									Total	
THE EMPLOYMENT INFORMATION LISTED B	Y ME IS ACCURATE AND (	COMPLETE TO	THE BEST OF N	IY KNOWLEI	DGE:					
Employee Signature				Da	te					