Washington County, Arkansas

Prior Service Credit Form

Employee Name: _____ **Hire Date:**_____

Department/Position:_____ **Employee ID:**_____

List Other Qualifying Agencies and Years of Service with Each:

Agency with contant information:	Dates of service:

HR(only) Verification of Prior Years of Service:

Agency contacted:	Initial:	Date:
Agency contacted:	Initial:	Date:
Agency contacted:	Initial:	Date:

Employee Signature:	Date:

Supervisor Signature:	Date: