

**JOB AIDS AND RESOURCES**

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

*Revised 10/17*

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

|  |  |  |
| --- | --- | --- |
| Name:  | Job Classification | Military Service (if applicable) |
|   | **(Print: LAST, FIRST, MI)** |  |  | DATES FROM: |
|  |  |  TO: |  |
| **Division/Section:** |  |   |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** | **TO** |  |  | **FROM** | **TO** | **Years** | **Mos.** | **Days** |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
|  | **Total** |
|  |  |  |  |

***THE EMPLOYMENT INFORMATION LISTED BY ME IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:***

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Employee Signature Date