

**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