



YEARS OF SERVICE CREDIT REQUEST

Full Legal Name (First MI Last): _____

Last 4 of SSN: _____ **Employee ID (EMPLID):** _____

APM 03-1003 allows for verified full-time years of service at other Florida State College system institutions to be considered as service at FSCJ in the computation of vacation leave accrual.

_____ I am requesting verification of previous employment from the following college(s) in the State of Florida College system.

Name of College: _____

Address: _____

Dates of **FULL-TIME** employment: **From:** ___/___/___ **To:** ___/___/___

Name of College: _____

Address: _____

Dates of **FULL-TIME** employment: **From:** ___/___/___ **To:** ___/___/___

Employee Signature **Date**

Return form to: Florida State College at Jacksonville
Attn: Benefits; Administrative Offices
501 W. State St.
Jacksonville, FL 32202
benefits@fscj.edu

For Human Resources Only:

Total verified full-time years of employment: _____

Union Seniority Date: ___/___/___

Processed By: **Date**