Last Name First Middle Social Security No.

Employee's Record of Aggregate State of North Carolina Service

Dates of *Permanent Full-Time* or *Permanent Part-Time* State of NC Service		Years	Months	Place of Employment	Position Held	Enter *PT & %* or *FT*
From:	To:					
Mo. Day Yr.	Mo. Day Yr.					

I certify that to the best of my knowledge, the above information is correct.

Date Signature of Employee