

The University of Texas at Austin
Human Resource Services
Request for Transfer

Prior State Service Credit, Leave Balances, Benefit Replacement Pay, Insurance and/or ERS/TRS Retirement Information

Important: It is the responsibility of the employee to request transfer of prior state service credit, leave balances, benefit replacement pay, insurance and/or retirement information. Disclosure of your Social Security number (SSN) is requested from you so The University of Texas at Austin can verify all your pertinent prior state employment. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in loss of your prior state employment information that affects pay, health and retirement benefits. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code).

Date: _____ To: _____
State Agency or Institution

Employee Name _____ SSN _____ Start Date with UT Austin _____

The following sections are to be completed by the prior state agency or institution.

Dates of Previous Employment

FROM: _____ TO: _____ FROM: _____ TO: _____
Mo/Day/Yr Mo/Day/Yr Mo/Day/Yr Mo/Day/Yr

FROM: _____ TO: _____ FROM: _____ TO: _____
Mo/Day/Yr Mo/Day/Yr Mo/Day/Yr Mo/Day/Yr

Information To Be Transferred

Accruals through Mo/Day/Yr _____ Annual Leave Balance _____ Sick Leave Balance _____ Annual Benefit Replacement Pay _____

Was employee Benefits Eligible anytime beginning 09/01/2003 to present? _____
Yes No

Did the employee satisfy the 90 day insurance waiting period? _____
Yes No N/A
If No, how many days did the employee satisfy? _____

What is the termination date of insurance benefits? _____
Mo/Day/Yr

Payroll Data: Current calendar year-to-date wage information through: _____ Gross Wages _____

Social Security Wages _____ Social Security Deduction _____ Medicare Wages _____ Medicare Deductions _____

Retiree Information

State Retirement (ERS/TRS) Date: _____ Last Day Employed Prior to Retirement Date: _____
Mo/Day/Yr Mo/Day/Yr

TO BE COMPLETED BY INSTITUTIONS OF HIGHER EDUCATION ONLY:

Did the employee satisfy the 90 day retirement waiting period for TRS or ORP? _____
Yes No N/A
If No, how many days did the employee satisfy? _____

What retirement plan was the employee a member of? _____

If ORP, Enrollment date: _____ to _____ and did employee vest? _____
Mo/Day/Yr Yes No

Above Information Was Prepared By

Name _____ Title _____ Phone _____ Date _____

Return completed form to: Human Resource Services - Employee Records
The University of Texas at Austin
P.O. Drawer V
Austin, TX 78713-8922

OR fax to: 512-232-3524
Phone: 512-471-5127

(rev. 10/05)

FOR OFFICE USE ONLY (Initial and Date): _____ Received by Records _____
Sent to Benefits: _____ For BRP/Wage Info: Sent to Payroll: _____