

Accounting of Service Time for Leave Calculation Purposes

NAME: _____

1. Do you have prior USM (University of MD System)/State Agency service? Yes No

If you answered "yes", please complete below all that apply. If you answered "no", skip steps 2 -4 and proceed to signature/date field.

2. For what USM/State Agency did you work? _____

Please click on the link below to confirm that the Institution you selected above is part of the USM or an eligible State Agency.

[List of Eligible USM/State Agencies](#)

3. Was any portion of your employment as (check all that apply):

- | | | |
|-----------------------------|--------------------------|--------------|
| Regular exempt | <input type="checkbox"/> | Dates: _____ |
| Regular non-exempt | <input type="checkbox"/> | Dates: _____ |
| Regular non-tenured faculty | <input type="checkbox"/> | Dates: _____ |
| | <input type="checkbox"/> | _____ |

*If "yes" to any of the bullets above, please be sure to provide dates of employment.
Note: These dates of employment DO count toward service time for leave purposes.*

4. Was any portion of your employment as (check all that apply):

- | | | |
|-----------------|--------------------------|--------------|
| Contingent I | <input type="checkbox"/> | Dates: _____ |
| Contingent II | <input type="checkbox"/> | Dates: _____ |
| Student Worker | <input type="checkbox"/> | Dates: _____ |
| Grad Assistant | <input type="checkbox"/> | Dates: _____ |
| Adjunct Faculty | <input type="checkbox"/> | Dates: _____ |
| | <input type="checkbox"/> | _____ |

If you have answered "yes" to any of the bullets above, please note these dates of employment do not count toward service time.

Name of the HR representative we can contact to verify information you have provided

Business E-mail address of the HR representative

I understand that my service years and leave accruals are subject to validation by the USM/State Agency I have identified above.

I am aware that no leave transfers/service year transfers will be granted to me until the information is confirmed by the appropriate Agency.

I understand that not all leave may be eligible to be transferred to UMUC and that UMUC reserves the right to decline certain leave type as deemed ineligible as per UMUC business practice.

(Please sign/date on the line below)

Signature: _____

Date: