CERTIFICATION OF PRIOR EMPLOYMENT HOURS FOR ANNUAL VACATION LEAVE RATE EARNED

NOT ELIGIBLE: If you are not eligible to claim prior Montana public employment time, please sign and date this form. This form will be retained in your personnel file.

I do not claim prior Montana public employment time to be applied to the rate at which I earn annual vacation leave.

_____ _____

Employee's Signature **Date**

INSTRUCTIONS TO ELIGIBLE EMPLOYEE: Complete lines 1 through 6 and send a copy of this form to each previous Montana public employer. Give estimated dates of employment. If your name has changed, give the exact name you used while employed with that employer. Please type or print this information.

EMPLOYEE COMPLETES:

1. Employee Name: _____
2. Hire Date: _____
3. Social Security Number: _____
4. Employer/Agency: _____
5. Employer/Agency Address: _____
6. Position Title: _____
7. Estimated Dates of Employment: _____

I authorize the release of the above information to the City of Missoula, Missoula, Montana.

_____ _____

Employee's Signature **Date**

INSTRUCTIONS TO EMPLOYER: Please provide the following information so that this employee may have employment time with your agency count toward the rate at which annual leave is earned, as provided in 2-18-612, MCA.

FORMER MONTANA PUBLIC EMPLOYER COMPLETES:

8. Employer's Name: _____
9. Dates of Employment: _____ to _____
10. Type of Employment: ☐ full-time ☐ part-time
11. Total Hours Worked: _____
12. Certified by: Name: _____

    Title: _____

    Phone Number: _____

    Date: _____

RETURN COMPLETED FORM TO: City of Missoula, Human Resources Department
435 Ryman Street, Missoula, MT 59802-4297

Revised 1/28/2021