Department of Personnel Administration

VERIFICATION OF STATE SERVICE OUTSIDE THE EXECUTIVE BRANCH

DPA-039 (REV. 01/03)



Qualifying State service for seniority purposes includes employment with certain nonexecutive branch institutions that include the following: University of California, California State University* (CSU), and the California State Legislative Branch.

The employee named below claims to have worked with your institution as indicated in Section I. Pursuant to California Government Code Section 19997, please verify employment as indicated by the instructions on the second page. Once completed, the form must be submitted to the requesting department contact listed below.

| Section I – Employee Information | | | | | | | | |
|--|-------------------------------|--------------------------------------|-----------------------|--|--|--|--|--|
| | | | | | | | | |
| | | | | | | | | |
| Social Security Number | First Name | Middle Initial | Last Name | | | | | |
| | | | | | | | | |
| Date of Birth | Prior Names (if any) | | | | | | | |
| | | | | | | | | |
| University or | O. T. | Approximate | T: D | | | | | |
| Legislative Branch | Class Title | Dates of Service | Time Base | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| * Regarding CSII service t | this form should only be used | d for intermittent service or se | ervice prior to 1975 | | | | | |
| rregarding COO service, i | This form should only be used | a for intermittent service of so | sivice prior to 1975. | | | | | |
| | | | | | | | | |
| Section II – Requesting D | epartment Instructions an | d Information | | | | | | |
| For this employee to receive the proper State service credit, you must ensure that Section I and II have been | | | | | | | | |
| completed and submitted to the proper institution. Once the institution has gathered the requested information, | | | | | | | | |
| they are instructed to send you the verified information, which you must then provide to the State Service and | | | | | | | | |
| Seniority Unit at the Department of Personnel Administration, along with a Verification of Total State Service Request Form (DPA-690). | | | | | | | | |
| (2171 000). | | | | | | | | |
| | | | | | | | | |
| Department Name | - | Department Contact | Position Title | | | | | |
| Dopardinone Name | | Sopartmont Contact | i comon mic | | | | | |
| Mailing Address | | Cianatura | Data | | | | | |
| Mailing Address | ` | Signature | Date | | | | | |
| | | | | | | | | |
| City Stat | e Zip F | Phone Number | Fax Number | | | | | |

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Phone Number

Section III – University Instructions and Information

For this employee to receive the proper State service credit, you must provide the department contact with the following information pursuant to California Government Code Section 19997.

For **University of California** service, please submit a copy of the month-by-month record of earnings to the requesting department contact for the aforementioned employee's dates of service with your university.

For **California State University** service, please submit a copy of the employee's record card to the requesting department contact for the aforementioned employee's dates of service with your university.

For **All Universities**, please provide the exact dates of service in the immediate space below, and indicate whether the employee was a student during any of his/her employment with your university by checking the appropriate box in the student column.

| Stuc | | Exact Dates of | | Time | 11 : | | |
|---|----------|--------------------|-------------|---------------|--------------------|----------------|--|
| Yes | No | From | То | Base | University Name | | |
| | Ш | | | | | | |
| | | | | | University Contact | Position Title | |
| | | | | | Signature | Date | |
| | | | | | | | |
| | | | | | Phone Number | Fax Number | |
| | | | | | | | |
| Secti | on IV - | - Legislative Inst | ructions an | d Information | ı | | |
| For this employee to receive the proper State service credit, you must provide the department contact with the following information pursuant to California Government Code Section 19997. | | | | | | | |
| Please provide Transfer Data Form (612), showing the employee's start date, time base, separation date, and indicate any leave of absences during the history of the employee's employment. The information must be signed by a legislative personnel employee. | | | | | | | |
| | | | | | | | |
| Legis | lative C | Contact | | | Position Title | | |
| Signa | iture | | | | Date | | |

Privacy Notice: The information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Department of Personnel Administration's State Service and Seniority Unit for the purposes of identification and document processing. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in your request not being processed or being processed incorrectly. The Department of Personnel Administration's State Service and Seniority Unit requires employee's social security number and name for identification purposes.

Fax Number