

Franklin County Board of Commissioners - Prior Service Certification

Franklin County Board of Commissioners Handbook BOC 20.02 – Prior Service Credit: If an employee was previously employed with any Ohio state, county, or city government agency, he or she may receive credit for prior service as applicable under the Ohio Revised Code. Counting your prior public service may make a difference in computing your vacation leave. Please provide the completed form, within 90 days of your hire date, to your Department of Human Resources Officer who will verify your prior service. Retirees from county, state or city government may be rehired by Franklin County; however the retiree will not receive credit for prior service.

Instructions: The employee requesting prior service credit should complete Section I and forward to where previously employed. That agency must complete Section II and mail to the address provided at the bottom of the form. **PLEASE NOTE:** A separate form is needed from each agency for which the employee is requesting prior service credit.

Section I – To be completed by employee:

Employee Last Name: _____	First Name: _____	M.I.: _____
Maiden Name: _____ (if applicable during previous employment)	Employee ID: _____	
Social Security Number (if required by agency): _____		
_____	_____	
Employee Signature	Date	
Previous Employer:		
Agency: _____		
Address: _____		
City: _____	State: _____	Zip Code _____
Dates of employment: _____		Job Title: _____

Section II – To be completed by previous employer:

Please provide the following information on the above named employee:	
Date of Hire: _____	Date of Separation: _____
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Part-time/intermittent only: # of pay periods worked: _____	# of days worked: _____
Is your agency a political subdivision of the State of Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this employment covered under by an Ohio Public Retirement System (e.g., STRS, SERS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please identify the retirement system: _____	
Sick Leave Balance: _____	

Information in Section II has been verified by:

Print Name: _____	_____
	Signature
Title/Position: _____	_____
	Date
Phone Number: _____	

Please return completed form to:

Franklin County Board of Commissioners Department of Human Resources
Attn: _____
373 S. High Street, 25th Floor
Columbus, Oh 43215
Phone: (614) 525-6224 Fax: (614) 525-6273

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