

# THE CITADEL

## STATE EMPLOYMENT VERIFICATION FORM

### SECTION I - GENERAL INFORMATION

Employee Name:

Employee SSN:

Agency Name:

Agency Phone:

Agency Address:

### SECTION II - EMPLOYEE VERIFICATION

I authorize \_\_\_\_\_ to provide requested employment data to The Citadel.  
Agency Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### SECTION III - EMPLOYEE DATA

Employee's Hire Date:

State Hire Date:

Employee's Termination Date:

Does the employee have any accrued leave that will transfer to another agency?

No If No, complete Section III and forward this form to:

Human Resources, The Citadel  
171 Moultrie Street  
Charleston, SC 29409

Yes If yes, please complete the following eight questions, Section III, and forward this form to the above address.

Annual Leave Balance:

Sick Leave Balance:

Comp Time Balance:

Date of Leave Balance:

Month of Last Leave Accrual:

Total Annual Leave Used Calendar Year-to-Date:

Total Family Sick Leave Used Calendar Year-to-Date:

Total Military Leave Used Calendar Year-to-Date:

\_\_\_\_\_  
Agency Representative (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date