



STATE OF NORTH CAROLINA

Office of the State Controller

**BEACON Best Shared Services Personnel Administration Employee
Certification Of Aggregate Service Form**

Total Months EE Currently Has in the System:

Total Months to Be Added or Removed in the System:

Months to be Added: _____

or

Months to be Removed: _____

Name	Position Classification
Personnel Number	Agency/Division or Facility

CERTIFICATE OF AGGREGATE SERVICE

(Check appropriate box and complete information if applicable)

I began my present **permanent** employment with the State of North Carolina on (month, day and year) _____, and I hereby certify that **I do not** have any work experience prior to that time which will qualify towards my aggregate service.

or

I began my present **permanent** employment with the State of North Carolina on (month, day and year) _____, and I hereby certify that **I do** have prior work experience which may qualify towards my aggregate service. That work history is as follows:

Department/Agency (Job Title/Address/Phone Number)	Inclusive Dates (Month, Day, Year)		Hours per week	LWOP Dates (Month, Day, Year)	
	From – To	# Of Months		From	To

*****NOTE:** The above service will be verified with employing agency by the Agency Human Resources Division. NOTE: This form should only be completed by permanent employees. ***

I certify that I have read the above information and have had any questions answered to my satisfaction regarding Aggregate Service.

Date	Name of Employee (Type or Print)	Signature of Employee
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Agency HR certifies that the above information has been verified.

Date	Signature of Agency HR
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