



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
Agency HR certifies that the above information has been verified.		
Date	Signature of Agency HR	