

# Prior Leave Accrual Transfer Form

**\*\* If you need assistance or want to know if your employment classification is eligible, please contact the HR Service Center at [hrservicecenter@vt.edu](mailto:hrservicecenter@vt.edu) or call 540-231-9331 \*\***

Name: \_\_\_\_\_ VT ID Number: \_\_\_\_\_

 Staff Faculty

Were you ever employed by Virginia Tech on a full-time wage or salaried basis prior to your current appointment?  Yes  No

*If yes, please list the dates of the period of time(s) you were employed:*

Begin \_\_\_\_\_  
Month Year

End \_\_\_\_\_  
Month Year

Begin \_\_\_\_\_  
Month Year

End \_\_\_\_\_  
Month Year

Were you ever employed by another Virginia state agency in a salaried position?

 Yes No

Please refer to the State Agency Directory print out available at orientation or online at <https://www.virginia.gov/government/state-employees/agency-directory>

*If yes, please list the agency or agencies and the dates of the period of time(s) you were employed:*

**Agency:** \_\_\_\_\_

Begin \_\_\_\_\_  
Month Year

End \_\_\_\_\_  
Month Year

**Agency:** \_\_\_\_\_

Begin \_\_\_\_\_  
Month Year

End \_\_\_\_\_  
Month Year

**Agency:** \_\_\_\_\_

Begin \_\_\_\_\_  
Month Year

End \_\_\_\_\_  
Month Year

HR use only:

Agency 1: Requested: \_\_\_\_\_ Received: \_\_\_\_\_

Agency 2: Requested: \_\_\_\_\_ Received: \_\_\_\_\_ VT File: Requested: \_\_\_\_\_ Received: \_\_\_\_\_

Agency 3: Requested: \_\_\_\_\_ Received: \_\_\_\_\_

Prior Service Calculated: \_\_\_\_\_

FORM RECEIVED: \_\_\_\_\_