Certification of Prior Employment -

Annual Vacation Leave Accrual Rate

*Time worked in other Montana public sector jobs may count toward the rate at which an employee earns annual vacation leave credits. Time which counts includes employment by a Montana State Agency, the University System, a City, County, Town, School District or any other public jurisdiction which is covered by and provides annual leave to its employees.*

## To claim prior Montana public employment or military service time please follow the instruction below. For additional information regarding eligibility for annual vacation leave accrual please reference:

[MCA 2-18-612. Rate Earned](https://archive.legmt.gov/bills/mca/title_0020/chapter_0180/part_0060/section_0120/0020-0180-0060-0120.html) [MCA 2-18-614. Military Service](https://archive.legmt.gov/bills/mca/title_0020/chapter_0180/part_0060/section_0140/0020-0180-0060-0140.html)

**INSTRUCTIONS TO ELIGIBLE EMPLOYEE:**

## Please provide the information requested below for each previous Montana public employer. If your name has changed, please provide the exact name you used at the time of employment with each Agency. When completed, send this form to each previous Montana public employer for employer certification.

Please Print:

Name of Former Montana Employer:

Your Current Name: Previous Name(s): Social Security Number: Position Title(s): Estimated Dates of Employment: From: \_ To:

# Employee Signature:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS TO EMPLOYER:**

Please provide the following employment verification information, and return this form to the address listed below. Please Print:

Employer's Name: Dates of Employment: From: \_ To:

Type of Employment: Full-time: Total Hours Worked:

Certified By:

Name:

Part-time:

Title: Work Phone:

# Employer Signature:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**

**Montana State University Office of Human Resources PO Box 172520**

**Bozeman, MT 59717-2520**

**(406) 994-3651**

**THANK YOU!**

Revised 3.5.2025