

STATE OF NORTH CAROLINA Office of the State Controller BEACON Best Shared Services HR		EMPLOYEE CERTIFICATION OF AGGREGATE SERVICE			
		NOTE: <i>This form should only be completed by permanent employees.</i>			
Name		Position Classification			
Personnel Number		Agency/Division or Facility			
		CERTIFICATE OF AGGREGATE SERVICE <small>(check appropriate box and complete information if applicable)</small>			
<input type="checkbox"/> 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.					
<input type="checkbox"/> 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: <i>The above service will be verified with employing agency by the Agency Human Resources Division.</i>					
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				