Employees Record of State of NC Service

Dates of Employment *Mo. Da. Yr. - Mo. Da. Yr.*	**Years**	**Months**	**Place of Employment ***	**Position Held**	**Part-Time or Full-Time ****

* School Administrative Unit, State Agency, Institution or Other
** If Permanent Part-Time, Percent (%) of Full-Time

I certify that to the best of my knowledge, the above information is correct.

_____ _____
Signature of Employee Date