



NEW MEXICO
**LAW OFFICES OF THE
PUBLIC DEFENDER**

Chief Public Defender
Bennett J. Baur

PRIOR SERVICE RECORD VERIFICATION FORM

Please complete as thoroughly as possible, providing any supporting documentation available. All information must be verified before credit can be given for leave accrual purposes.

Employee Name: _____

Employee ID: _____ Employee SSN#: _____

Previous Employment Record:

State Agency: _____

Employment Dates: _____

From (mm/dd/year) to (mm/dd/year)

State Agency: _____

Employment Dates: _____

From (mm/dd/year) to (mm/dd/year)

State Agency: _____

Employment Dates: _____

From (mm/dd/year) to (mm/dd/year)

State Agency: _____

Employment Dates: _____

From (mm/dd/year) to (mm/dd/year)

Employee Signature: _____

Senior Human Resources Administrator Signature: _____

Verified: _____

(Date)

If possible, please attach any supporting documentation to this form.