



EMPLOYEE'S RECORD OF AGGREGATE STATE OF NORTH CAROLINA SERVICE*

DATES OF PERMANENT FULL-TIME OR PERMANENT PART-TIME N.C. SERVICE										STATE OF
FROM:			TO:							PART-TIME OR FULL-TIME
MO.	DAY	YR.	MO.	DAY	YR.	YRS.	MTHS.	SCHOOL SYSTEM	POSITION HELD	
			TOTAL			__ YRS.	__ MTHS.	ANNIVERSARY DATE:		

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

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

Date _____	_____
	Print Name
School _____	_____
	Signature of Employee
Position _____	_____
	Social Security Number