



**VERIFICATION OF PRIOR  
SERVICE EMPLOYMENT**

Name: \_\_\_\_\_

The employee listed above, indicated prior service with your agency.

(Agency Name/Address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

as \_\_\_\_\_  
(Employee Title)

Was this position full-time or part-time? FT \_\_\_\_\_ PT \_\_\_\_\_

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Please verify the following information for the employee and return the verification to:

**Fairfield County Auditor's Office**  
**210 E. Main Street**  
**Lancaster, OH 43130**

1. Dates of Employment \_\_\_\_\_ to \_\_\_\_\_.
2. Sick Leave Balance \_\_\_\_\_ hours not paid out.
3. Retirement System for employee contributions \_\_\_\_\_.

\_\_\_\_\_  
Authorization for  
Release of Information (Employee Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agency Representative E-Mail Address