



STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
DIVISION OF HUMAN RESOURCES, 3RD FLOOR
ONE CAPITOL HILL PROVIDENCE, RI 02908

Check the Appropriate Box(es):

- Certification of Municipal Service
Certification of Elected Municipal Service

INSTRUCTIONS:

This form is used to verify service as a municipal employee and/or elected municipal official in order to determine a current state employee's eligibility for additional vacation credit pursuant to Rhode Island General Law (RIGL) § 36-6-18 entitled "Additional Vacation Time for Career State Employees".

The above referenced statute applies to current State employees who were either hired or rehired after January 1, 2000, and who were previously employed by a municipality or who served in an elected municipal office.

When the combined total of the employee's state service time and municipal service time is twenty (20) years or more, the employee shall be credited annually with five (5) days additional vacation time, added to their vacation accrual which is based upon length of State service, up to a maximum total accrual of twenty-eight (28) vacation days a year.

State service time and municipal service time is combined only in this instance (i.e. in order to determine eligibility for five (5) additional vacation days.) State service time and municipal service time is NOT combined for the computation of compensation or any other leave accrual.

In order to verify prior municipal employment or service, a current State employee may forward this form to the appropriate municipal personnel officer. The State employee is responsible for tracking this form during the process.

The municipal personnel officer shall return the completed form to the State of RI Office of Personnel Administration at the above address. The Office of Personnel Administration (OPA) will notify the employee and the Appointing Authority (designee), of the decision which is made based upon the information provided on this form by the municipality.

PLEASE PRINT

Employee Information (Completed by employee)

I, _____, authorize release of the following information
Employee Signature

Employee Name _____ Last 4-digits of Social Security Number _____

Street _____ City _____ State _____ Zip Code _____

Employee Date of Birth _____

State Agency Presently employed: Department _____
Division _____
Unit _____

Municipality Employed or Served (completed by employee)

Title of Position or Office: _____ Exact Dates Employed or Served*:
From _____ To _____

AGGREGATE TOTAL* Time (years, months, days) worked for employer
(excluding overtime)

* Elected municipal officials are granted Full Time status because of statutory provisions of continuous service. Therefore, specify term for elected officials

Certified by Municipal Official (Please type all information where applicable)

Name: _____ Title: _____

Department/Agency _____ Phone #: _____

Signature: _____ Date: _____

FOR USE OF PERSONNEL ADMINISTRATION ONLY - DO NOT WRITE IN THIS SPACE

Approved prior service [] YES [] NO

Time Credited _____ Years _____ Months _____ Days

Checked By: _____ Date: _____