## LONGEVITY INVESTIGATION REQUEST

Name:			
Employee ID # (From your time sheet):			
Date of Hire as SUOAF employee at SCSU:			
Previous State Service:			
1.	Agency:		
	Start Date:	End Date:	
	Position:		
2	Agency:		
	Start Date:	End Date:	
	Position:		
3.	Agency:		
	Start Date:	End Date:	
	Position:		
4.	Agency:		
	Start Date:	End Date:	
	Position:		
I authorize the Human Resources and Payroll departments at Southern Connecticut State University to discuss matters related to my employment at other state agencies with my union representative.			
Employee			Date