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

Dates of Permanent Full-Time or Permanent Part-Time State of NC Service From: Mo. Day Yr. — To: Mo. Day Yr.	Yrs.	Mos.	Place of Employment***	Position Held	Part-Time** or Full-Time

*Optional form which may be used by the School Administrative Units.

**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

_____
Signature of Employee

_____
Social Security Number