This form is to be used to request recognition of prior service. Your relevant payroll unit requires the information collected on this form to determine an individual’s entitlement. Please refer to the relevant policy in your Department’s for further guidance.

*This information is only used for the purposes for which it was collected by your relevant payroll unit. For further guidance regarding privacy policies please refer to your Department’s privacy guidelines.*

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| **EMPLOYEE DETAILS** | |
| **Family Name:** | **Given Name(s):** |
| **Division:** | **Employee Number:** |
| **Group / Branch:** |  |
| \**Please note that applications for recognition of prior service must be made within 6 months of commencing with DGS. A break in employment of greater than 12 months before resuming recognised service may mean service before this period may not be recognised. Please speak to your HR Adviser for further information on recognised service for long service leave.* | |

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| **sUPPORTING DOCUMENTATION** | |
| Original Statements of Service from previous employers must be provided that are on official letterhead and include the information specified below. Please tick all boxes confirming that the required information is provided.   * Employment start and end dates and the reason for cessation of employment * FTE worked and details of any changes - include date of change and the time fraction worked (e.g. 0.5, 0.7, full-time etc) * Start and end date of any unpaid leave. If no leave without pay was taken this must be stated. * Sick leave accrual balance on cessation of employment and the date that the next allocation of sick leave was due (only relevant for VPS employees transferring without a break in service) * Details of Long Service Leave used, including details of any payment of unused Long Service Leave upon termination (if applicable). * Organisation contact (title, work group and contact number). | |
| **DECLARATION BY EMPLOYEE** | |
| I declare that the information I have provided in support of this request is true and correct.  **Employee’s Signature:**  **Date:** | |
| **Payroll Unit USE ONLY** | |
| Processed by: .......................... | Date: .........../.............../........... |

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| **Please return to the payroll services unit outlined in your offer email.** |