

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CS-377
(Revised 1/88)

DEPARTMENT OF ADMINISTRATION
OFFICE OF PERSONNEL ADMINISTRATION
One Capitol Hill
Providence, Rhode Island 02908

CERTIFICATION OF MUNICIPAL SERVICE

CERTIFICATION OF ELECTED MUNICIPAL SERVICE

CHECK APPROPRIATE BOX (ES)

INSTRUCTIONS: *This form is intended for use in documenting service as a municipal employee and/or elected municipal official for the purpose of establishing proper service credits for current state employees in accordance with Rhode Island General Law entitled "Additional vacation time for career state employees." --All state employees may have prior service time including service as an elected official with a state municipality credited to their present state service for the purpose of computing vacation accrual..."*

Additionally, Personnel Rule 5.0614 specifies the vacation schedule. Municipal time will be calculated for actual time worked; that is part-time employment must be adjusted. The aggregate total is the adjusted time based on combined state and municipal time, and the appropriate corresponding days of vacation based on the Schedule in Personnel Rule 5.0614 will be granted upon approval.

The employee shall request his/her present personnel officer to forward this form to the appropriate municipal personnel officer for completion/validation. (The employee is responsible for tracking this form with the municipality.) After completion, the municipal personnel officer shall return this form to the Administrative Services Section of the Office of Personnel Administration at the above address. If further information is necessary, please call 222-2174. The Office of Personnel Administration, Administrative Services Section will notify the state agency personnel officer of any changes resulting from the information provided, including denial of request.

PLEASE PRINT

I, _____, authorize release of the following information:
Employee name

Employee Name _____ Social Security Number _____

Street _____ City _____ State _____ Zip Code _____

Employee Date of Birth _____

State Agency Presently Employed: Department _____
Division _____
Unit _____

MUNICIPALITY EMPLOYED OR SERVED*

Title of Position or Office

Dates Employed or Served*
From To

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

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

Certified by Municipal Official: (please type all information where applicable)

Name: _____ Title: _____

Department/Agency: _____ Phone Number: _____

Signature: _____ Date: _____

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

Approved for prior service credit: Yes No

Time credited _____ Years _____ Months _____ Days

Checked by: _____ Date: _____