

LAFAYETTE COLLEGE

Office of Human Resources

Easton, Pennsylvania 18042 • TEL 610-330-5060 • FAX 610-330-5720 • www.lafayette.edu

Prior Service Credit Form

(To determine eligibility for participation in the Lafayette College Retirement Plan)

Employee Information

Name: _____

SS#: _____

Date of Hire: _____

Prior Employment Questionnaire

Were you previously employed in a company/institution offering a retirement plan? **Y / N**

Were you an active participant in an employer-sponsored retirement plan for at least 2 Years, prior to your hire date with Lafayette College? **Y / N**

Name of Company: _____

Years of Employment: _____ From: _____ Thru: _____

Please attach copies of documents which would verify your prior service and participation in an employer-sponsored retirement plan.

Employee Authorization

Employee Signature: _____

Date: _____

Human Resources Use Only	
Eligible for Prior Service Credit:	Y / N
Date of Eligibility Notice:	(Attach copy of Notice)
Approver Name:	
Approver Signature:	Date: