Prior Service Credit Form

Instructions: After completing the Lafayette College employee section, the employee should forward this form to their prior employer's Human Resources Department for completion. The signature of the employee provides consent for the information to be released to Lafayette College. Once completed, its should be emailed directly to HROffice@lafayette.edu by the employer.

To be completed by Lafayette College Employee:

Employee Name: _____ Date of Hire: _____

Employee Signature: _____ Date:_____

To be completed by prior employer (Human Resources):

Your former employee has recently become an employee of Lafayette College. In order to waive the waiting period required to receive employer contributions, please provide the following information:

Prior Employer Name: _____

Prior Employer Address: _____

Full-time: _____ Part-time: _____ Hire Date: _____ Termination Date: _____

Was the employee a participant of a fully funded and fully vested retirement plan benefit with your institution? Yes _____ No _____

How many years of service did the employee complete? _____

HR Representative Name: _____ Title: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____