

**Service Credit Form**

**Previous College/University or Educational/nonprofit Research Institution**



# Sacred Heart UNIVERSITY

**To be completed by Sacred Heart University Employee:**

After completing this section, the SHU employee should forward the entire form to their prior employer's Human Resources Department for completion. The signature of the employee provides consent for information to be released to Sacred Heart University. Once completed, it should be emailed directly to [EmployeeBenefits@sacredheart.edu](mailto:EmployeeBenefits@sacredheart.edu) by your former employer.

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**To be completed by prior employer (Human Resources Representative):**

As noted above, your former employee has recently become an employee of Sacred Heart University. To determine the employee's eligibility for our retirement plan, please provide the following benefit information:

Prior Employer Name: \_\_\_\_\_

Prior Employer Address: \_\_\_\_\_

Full-time: \_\_\_ Part-time: \_\_\_ Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

# Hours worked in 12 months prior to termination: \_\_\_\_\_

Job Title: \_\_\_\_\_

Was this employee eligible to participate in the 403b retirement plan? Yes \_\_\_ No \_\_\_

Additional comments: \_\_\_\_\_

HR Rep Name/Title (please print): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return completed form to: [EmployeeBenefits@sacredheart.edu](mailto:EmployeeBenefits@sacredheart.edu)