



SERVICE CREDIT FORM

**For Prior College/University, Educational Institution or Non-profit Research Institution**

Instructions: After completing the SHU employee section, the SHU employee should forward this 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 [SHURetirement@sacredheart.edu](mailto:SHURetirement@sacredheart.edu) by the former employer.

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

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

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

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

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 information:

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

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

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

Number of hours worked within 12 months prior to date of hire with Sacred Heart: \_\_\_\_\_

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

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

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

HR Rep Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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