CARTERET COUNTY SCHOOLS

EMPLOYEE'S RECORD OF AGGREGATE STATE OF NORTH CAROLINA SERVICE*

DATES OF PERMANENT FULL-TIME OR PERMANENT PART-TIME STATE OF NC SERVICE	YRS.	MONTHS	PLACE OF EMPLOYMENT (COUNTY)	POSITION HELD	PART-TME OR FULL-TIME
FROM: Mo./Day/Yr. TO: Mo./Day/Yr.					

***Optional form which may be used by School Administrative Units**
****If Permanent part-time, Percent (%) of Full-time**
*****School Administrative Unit, State Agency, Institute, or Other**

FOR PAYROLL USE ONLY:

Anniversary Date _____
Annual Leave – Mos. _____
Computed By _____
Checked By _____
Date _____

I certify that to the best of my knowledge, the above information is correct

_____ _____

Date **Signature of Employee**