



P O Box 638
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Fayetteville, TN 37334

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931-438-0074 [F]
SCHRA.us

Accrued Leave Rate Former Employer Statement of Full-Time Creditable Service

Date: _____

Employee Name: _____

Social Security Number: _____

Full-Time Start Date: _____

Full-Time Termination Date: _____

Total Full-Time month's service: _____



Name of Former Employer/Agency:

Authorized Signature: _____

Print name: _____

Title: _____

Phone Number: _____