

Employer:	Title:	From (Month, Yr):	To (Month, Yr):	Description of Related Duties:	Creditable Service Completed by HR
					Yrs: Mo:
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Agency Certification:

I certify that the information on this form accurately reflects verified information contained in the application records in the custody of this agency and that the non-federal service reflected is creditable in determining the employee's annual leave accrual rate.

Total Recommended Leave Accrual Service: Years: Months:

Human Resources Specialist

Date

Agency Decision:

☐ Approved

☐ Not Approved

Director, Office of Human Capital

Date