

STATE OF IDAHO  
 STATE CONTROLLER'S OFFICE  
 ATTESTATION OF HOURS  
 ACCEPTANCE OF CREDITED STATE SERVICE AND LEAVE HOURS

Per Idaho Code credited state service, sick leave, and vacation hours (\*if applicable) are statewide balances and are to be transferred from department to department; including self-governing agencies listed under Idaho Code 67-2701(2). (Applicable Statutes to IC 67-5332; 59-1604; 67-5333; 59-1605; 67-5334; 59-1606)

**PRIOR AGENCY/DEPARTMENT**

Prior Agency Name

Employee's Name (Last, First, Middle)

Employee's Social Security Number (last 4 Digits ONLY)

Last Day Worked (Format MM/DD/YYYY)

Credited State Service Hours (Format 000.0)

Sick Leave Balance (Format 000.0)

Vacation Leave Balance (\*if applicable) (Format 000.0)

I, the undersigned, have verified and certify the above named employee's eligible hours were accrued in accordance with Idaho and the information entered above is accurate to the best of my knowledge.

\*If there is a break in service, vacation hours should be paid off prior to separation.

\_\_\_\_\_  
 Appointing Authority Name (Please Print)      Appointing Authority Signature      Date

**ACCEPTING AGENCY/DEPARTMENT**

First Day Worked (Format MM/DD/YYYY)

I, the undersigned, have been made aware of the eligible hours of the above named employee. I acknowledge acceptance of the hours of Credited State Service, Sick Leave, and Vacation (\*as applicable) per Idaho Code.

\_\_\_\_\_  
 Appointing Authority Name (Please Print)      Appointing Authority Signature      Date