



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**DEPARTMENT OF ADMINISTRATION**  
**OFFICE OF PERSONNEL ADMINISTRATION**  
**ONE CAPITOL HILL**  
**PROVIDENCE, RI 02908**

Check Appropriate Box(es):

- Certification of Municipal Service
- Certification of Elected Municipal Service

**INSTRUCTIONS:**

This form is used to verify service as a **municipal employee** and/or **elected municipal official** in order to determine a current state employee's eligibility for additional vacation credit pursuant to Rhode Island General Law (RIGL) § 36-6-18 entitled "Additional Vacation Time for Career State Employees".

*The above referenced statute applies to current State employees who were either hired or rehired after January 1, 2000, and who were previously employed by a municipality or who served in an elected municipal office.*

**When the combined total of the employee's state service time and municipal service time is twenty (20) year or more, the employee shall receive five (5) additional days each year, added to their vacation accrual which is based upon length of State service, up to a maximum total accrual of twenty-eight (28) vacation days a year.**

*State service time and municipal service time is combined only in this instance (i.e. in order to determine eligibility for five (5) additional vacation days.) State service time and municipal service time is **NOT** combined for the computation of compensation or any other leave accrual.*

In order to verify prior municipal employment or service, a current State employee may forward this form to the appropriate municipal personnel officer. **The State employee is responsible for tracking this form during the process.**

The municipal personnel officer shall return the completed form to the State of RI Office of Personnel Administration at the above address. The Office of Personnel Administration (OPA) will notify the employee and the Appointing Authority (designee), of the decision which is made based upon the information provided on this form by the municipality.

**PLEASE PRINT**

**Employee Information (completed by employee):**

I, \_\_\_\_\_, authorize release of the following information  
 (Employee Signature)

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employee Date of Birth \_\_\_\_\_

**State Agency Presently employed:** Department: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Unit: \_\_\_\_\_

**MUNICIPALITY EMPLOYED OR SERVED (completed by employee):**

Title of Position or Office: \_\_\_\_\_ Dates Employed or Served\*:  
 From \_\_\_\_\_ To \_\_\_\_\_  
 AGGREGATE TOTAL\* Time (years, months, days) worked for employer (excluding overtime)

\*Elected municipal officials are granted Full Time status because of statutory provisions of continuous service. Therefore, please specify term for elected officials.

**Certified by Municipal Official: (Please type all information where applicable)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Department/Agency \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR USE OF PERSONNEL ADMINISTRATION ONLY - DO NOT WRITE IN THIS SPACE**

Approved prior service  YES  NO  
 Time Credited \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Checked By: \_\_\_\_\_ Date: \_\_\_\_\_