



Past Service Record Form

This form is used in obtaining proper certification of past employment with an eligible employer for purposes of participation in Marquette University's TIAA-CREF retirement plan. Eligible employer means an educational (teaching) or research institution, whose major function is teaching.

Employees who have completed two years of service (minimum of 1,000 hours worked each year or six credits per semester) with an eligible employer immediately preceding being employed with Marquette University, may begin participating in Marquette's retirement plan on the first day of the month following employment at Marquette University.

Marquette University does not assume responsibility or liability if this form is submitted after a payroll has been processed. It is the employee's responsibility to ensure the *Past Service Record Form* has been received.

Part I:

To be completed by the **employee**. Please be sure your social security number and date of birth are correctly reported.

Employee Name: _____

Social Security Number: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Part II:

To be completed by official employer or custodian of records. Please be sure this form has been accurately completed and mailed/faxed to:

Marquette University
Attention: Steven McCauley, Benefits Manager
Department of Human Resources
P.O. Box 1881 Straz Tower, Room 185
Milwaukee, WI 53201-1881
Fax: (414) 288-7425 | Phone: (414) 288-7305

Employer Name: _____

Address: _____

Telephone Number: _____

Past Employment Information

Total years of service at your institution: _____

Employment Status: Full Time Part Time
Hours/credits worked per year: _____

Title: _____

Date of Hire: _____ Termination Date: _____

Comments: _____

Previous Employer Certification

I certify that the above statements are correct according to our records:

Name: _____

Title: _____ Telephone Number: _____

Signature: _____ Date: _____