

Prior Service Credit Request Form – Tuition Benefits Program

Use this form to have prior service at another college or university considered toward your service requirement under the Carnegie Mellon University Faculty and Staff Tuition Benefits Program. Please work with your prior employer to complete all fields, then send the completed and signed document to hr-help@andrew.cmu.edu.

Service at another college or university may reduce or eliminate the dependent tuition program waiting period if you worked at the other employer within five years just prior to beginning employment at CMU. In order to be eligible, your prior service must meet the following criteria:

- The prior college/university must offer a tuition benefit program for dependent children such that the children could attend either the institution itself or an outside institution and receive tuition benefits.
- Only years of service for which you were eligible for the prior college/university's tuition benefit program can be applied toward CMU's service requirement.

Please provide contact information for the individual at your prior employer who is authorized to verify your prior years of eligible service (typically an HR/benefits department):

Employee Name: _____

Prior College or University: _____

Contact Person Name: _____

Contact Person Phone Number: _____

Contact Person Email Address: _____

Number of years and months worked (full time): _____

Dates of service eligible for tuition program (see above criteria): _____

_____	_____	_____
CONTACT PERSON PRINT NAME	CONTACT PERSON SIGNATURE	DATE

By your signature below, you authorize your prior employer to release necessary information to Carnegie Mellon University related to your prior service:

_____	_____	_____
EMPLOYEE PRINT NAME	Last Four Digits of SSN	Andrew ID
_____	_____	
EMPLOYEE SIGNATURE	DATE	

Once evaluated, you will be notified via email of the amount of prior service credit received or of any decision not to extend prior service credit for service that does not meet the requirements.

BENEFITS OFFICE USE ONLY

Approved Number of months of Service Credit: ____

Not Approved Reason: _____

Signature of Benefits Representative: _____

Signature of Supervisor: _____

Date Employee was Notified: _____