

Past Service Record Form

Employees may be eligible to receive the Marquette University employer matching contribution to the 403(b) retirement plan prior to the two year waiting period. This form is used to obtain certification of qualified past employment with an eligible employer in order to determine an employee's eligibility for the employer matching contribution.

- Eligible past employers are educational/teaching or research institutions whose major function is teaching or research.
- Qualified past employment at an eligible employer must have been for a minimum of two consecutive years of completed service, and with a minimum of 1,000 hours worked each year or six credits per semester. Student employment is not eligible past employment.

Information provided on this form will be verified by Human Resources. If the two-year waiting period is waived, Human Resources will process such eligibility as soon as practicable but cannot guarantee matching contributions for forms received less than two weeks prior to a payroll submission date. Retroactive contributions are not allowed.

All terms and conditions of the Marquette University 403(b) plan will apply.

You will receive a follow-up email from Human Resources to indicate if your past service has been credited. Please contact Human Resources (414-288-7305) or humanresources@marquette.edu if you have any questions about this information.

Part I: To be completed by the Employee

Employee Name: _____

Title/Department: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Part II: To be completed by previous employer's Human Resources representative or custodian of records

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Employment information:

Employment start date	Employment end date	Employee's title	Full time or part time	Number of hours worked or credits per year

Comments: _____

Employer or Custodian of Records Signature: I certify that the above statements in Part II are correct and true according to our records.

Representative Name: _____

Title: _____

Phone number: _____

Email: _____

Signature: _____

Date: _____

Please be sure this form has been accurately completed and email/fax to:

Department of Human Resources
Humanresources@marquette.edu
Fax: (414) 288-7425 | Phone: (414) 288-7305

Part III: To be completed by Marquette University Human Resources

Date received: _____

Date eligible: _____

MU HR Signature: _____

Today's date: _____