

**Williams College
Service Credit at Other college/University
Data Collection Sheet**

Name _____

This form must be completed by a human resources representative at the institution of prior affiliation.

College/University of prior affiliation _____

Address _____

Job Title at your institution held by above named person _____

Was this position of non-student capacity? Please circle: Yes No

Full-time equivalency (FTE) of this position _____

Hire date for this position _____

Separation date for this position _____

Was the above named person eligible to participate in the retirement plan at your institution? Please circle:

Yes No

If no, why? _____

Name of person completing this form _____
(please print)

Title _____ Phone _____

Signature _____ Date _____

Email address _____ Fax _____

Please return to:

**Williams College
Office of Human Resources/Benefits
100 Spring Street Suite 201
Williamstown, MA 01267
(413) 597-4355 (phone)
(413) 597-3516 (fax)**