

Optional Retirement Program (ORP) Employment History Form

Please print legibly:

Name: _____
Last
First
Middle Initial
Employee ID

Home Address: _____

Employment History:

List all of the Maryland institutions of higher education where you worked and the dates of service (do not include temporary, contractual or voluntary service). Maryland institutions of higher education include the University System of Maryland, Morgan State University, St. Mary's College and the Maryland Higher Education Commission.

Maryland State Institution of Higher Education		
Name:	Start Date:	End Date:
Location:	Starting Salary:	Ending Salary:
Exempt Staff o Faculty Member o	Job Title:	Grade:

Maryland State Institution of Higher Education		
Name:	Start Date:	End Date:
Location:	Starting Salary:	Ending Salary:
Exempt <i>Staff o</i> Faculty Member <i>o</i>	Job Title:	Grade:

List additional positions on side two

Maryland State Executive, Legislative or Judicial Agency		
1.	Start Date:	End Date:
	Job Title:	" Grade:
2.	Start Date:	End Date:
	Job Title_	Grade:

I affirm under the penalties of perjury and upon personal knowledge that the information provided by me on this form is true and complete. This document must accompany completed ORP paperwork.

Signature

Date

Maryland State Institution of Higher Education		
Name:	Start Date:	End Date:
Location:	Starting Salary:	Ending Salary:
Exempt Staff <input type="checkbox"/> Faculty Member <input checked="" type="checkbox"/>	Job Title:	Grade:

Maryland State Institution of Higher Education		
Name:	Start Date:	End Date:
Location:	Starting Salary:	Ending Salary:
Exempt Staff <input type="checkbox"/> Faculty Member <input type="checkbox"/>	Job Title:	Grade:

Maryland State institution of Higher Education		
Name:	Start Date:	End Date:
Location:	Starting Salary:	Ending Salary:
Exempt Staff <input type="checkbox"/> Faculty Member <input type="checkbox"/>	Job Title:	Grade:

Maryland State Institution of Higher Education		
Name:	Start Date:	End Date:
Location:	Starting Salary:	Ending Salary:
Exempt Staff <input type="checkbox"/> Faculty Member <input type="checkbox"/>	Job Title:	Grade:

Maryland State Institution of Higher Education		
Name:	Start Date:	End Date:
Location:	Starting Salary:	Ending Salary:
Exempt Staff <input type="checkbox"/> Faculty Member <input checked="" type="checkbox"/>	Job Title:	Grade:

Name of Maryland State Executive, Legislative or Judicial Agency		
3	Start Date:	End Date:
	Job Title:	Grade:
4	Start Date:	End Date:
	Job Title:	Grade: