



State of Oklahoma  
 Office of Management &  
 Enterprise Services  
 Human Resources Department

HCM-52  
 Longevity Certification Form

<b>SECTION 1 – Current Service</b>				
Employee Name:			Employee ID:	
Agency Name:			Agency Number:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Variable Hour Appointment (Temporary/Seasonal)			Agency Start Date:	
<b>SECTION 2 – Prior State Service</b>				
Most recent start date with the State:				
<input type="checkbox"/> No prior State Service (Do not complete the section below)				
Agency	Start Date	End Date	Full Time (FT)/Part Time (PT)	Creditable Service (Agency Use Only)
			<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/>
			<input type="checkbox"/> FT <input type="checkbox"/> PT	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	
			<input type="checkbox"/> FT <input type="checkbox"/> PT	
<b>Section 3 – Employee Certification</b>				
I hereby certify that the information provided on this form is correct to the best of my knowledge.				
Employee:			Date:	
<b>Section 4 – Longevity Calculation</b> (Agency Use Only – Refer to longevity Guide for assistance with completing this section.)				
Total Prior Cumulative Service				
Adjustment for LWOP				
Longevity Anniversary Date				
Date of next longevity Payment				
<b>Agency Reviewer</b>				
Signature :		Name and Title:		Date: