

# Verification of Eligibility for Kenyon College Retirement Contributions



## To be completed by Prior Institution Representative

Previous Employee's Name: Last, First, M.I.

Previous Employee's Date of Birth

Previous Employee's Dates of Employment with your Institution of Higher Education:

Start Date:

Termination Date:

Did the employee named above work at least 1000 hours in the year immediately prior to terminating employment with your Institution of Higher Education?

Yes

No

Name of Representative Completing this Form:

Representative's Title:

Representative's Institution:

Signature:

Date: