



Classified Transcript/Longevity Evaluation Worksheet

NAME:	SSN:		
TYPE OF COMPENSATION:			

TRANSCRIPT

School	Units	Date and Remarks
THRU	DATE RECEIVED:	
THRU	DATE RECEIVED:	
THRU	DATE RECEIVED:	

LONGEVITY

First Date of Uninterrupted Service	SEIU Article	Eligibility	Remarks	Effective Date	Longevity Year