



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

HCM-52
Longevity Certification Form

| SECTION 1 – Current Service | | | | |
|---|------------|-----------------|---|--------------------------------------|
| 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: | |
| SECTION 2 – Prior State Service | | | | |
| 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 | |
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| | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | |
| | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | |
| Section 3 – Employee Certification | | | | |
| I hereby certify that the information provided on this form is correct to the best of my knowledge. | | | | |
| Employee: | | | Date: | |
| Section 4 – Longevity Calculation (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 | | | | |
| Agency Reviewer | | | | |
| Signature : | | Name and Title: | | Date: |