

The Texas A&M University System ORP Vesting Form

HR19 (2/09)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name (Print)

Social Security number

System member name

Office phone

Date

Vesting Information

TO BE COMPLETED BY SYSTEM MEMBER HUMAN RESOURCES OR PAYROLL OFFICE

I certify that the above employee is or is not vested in the state's matching ORP contribution.

Name and title

Signature

Date