

**CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
STATE SENIORITY SCORE DISCREPANCY FORM**

**This form must be returned to the below contact by DECEMBER 31, 2012  
Please retain a copy of this document for your records**

NAME (Please print clearly): \_\_\_\_\_

SOCIAL SECURITY NUMBER: (Last 4 numbers) \_\_\_\_\_

POSITION NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

(Where you can be reached M-F, 8 a.m. – 5 p.m.)

My seniority score should be \_\_\_\_\_ based on the following information:

My earliest start date into State service is \_\_\_\_\_. My last name at the time (if different) was \_\_\_\_\_.

I qualify for military points for service from \_\_\_\_\_ to \_\_\_\_\_ (copy of DD214 attached).

I have prior qualifying exempt service from \_\_\_\_\_ to \_\_\_\_\_ (verification attached).

Other/Comments:

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Please fax this form to (916) 691-6755, or email to [HealthCare.HRHelp@CDCR](mailto:HealthCare.HRHelp@CDCR), or you may send via U.S. Mail to:

California Correctional Health Care Services  
PO Box 4038, Suite 300  
Sacramento, CA 95812-4038  
Attn: Lesa Saville, Manager  
Seniority Placement Unit  
Human Resources

