

EXPERIENCE EVALUATION FORM

NAME _____ DATE _____

JOB TITLE _____

DEPARTMENT _____

COMPARABLE EXPERIENCE (Calculate total years of comparable experience at the same level). Use the space below to document experience. Use a continuation sheet if necessary.

Total Years _____ Steps awarded (**maximum of 8 at 1 for 1**) _____

LOWER LEVEL EXPERIENCE (Calculate total years experience at a lower level)

Total Years _____ Steps awarded (**maximum of 8 at 1 for 2**) _____

Placement recommended at step _____. (**Not to exceed step 10**)

EVALUATOR _____

EXECUTIVE OFFICER (If more than 5 steps awarded)_____

HUMAN RESOURCE MANAGEMENT VERIFICATION_____
