

Request to Review Additional/New Verification of Experience Forms (VOE)

Please check box and sign below:

- By signing below, I attest that the attached Verification of Experience on the submitted form(s) is new, and I have never previously submitted or awarded work experience credit towards my current position.
 - All new VOEs must be submitted to your designated employee specialist on or before Friday, May 13, 2022.

| recei | ived in HR. | will go into circut apon t | he date the completed packe | |
|---|--|---|--------------------------------|--|
| Number of <u>new</u> Verifications of Experience forms attached:(list number) | | | | |
| Employee Sig | gnature: | | Date: | |
| | Until the 21-22 negotiated agr ual work credit for pay purpos | reement has been completed, empl ses. | oyees may be placed 1 step low | |
| Employee Na | ame: | | | |
| | (first) | (middle) | (last) | |
| E#: | | | | |
| Current Scho | ool/Department: | | | |
| Current Posi | tion/Title: | | | |
| | tion of Experience years pr | eviously awarded towards you | current | |
| Current Posif | tion Pay Schedule Step: | | | |
| | MENT LISE ONLY: | | | |
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| HR DEPARTM | OEs reviewed and annrove | ed for | dditional years/stens for | |
| New V | | ed fora | | |
| New V employee. N | | ed fora approved <u>will go into effect upo</u> | | |
| New V employee. N packet was r | lew VOE work experience a received in HR. | | on the date the completed | |
| New V employee. N packet was r New V | lew VOE work experience a received in HR. /OEs reviewed and not app | approved will go into effect upo | on the date the completed | |
| New V employee. N packet was r New V Date Comple | lew VOE work experience a received in HR. /OEs reviewed and not app | approved <u>will go into effect upo</u> proved for additional years/step | on the date the completed | |

