

Recognition of Previous Experience

Guidelines

- If you are new to Covenant Health, are part of a union, and have prior related work experience, you need to complete this form.
- Only experience hours prior to your start date with Covenant Health are applicable. If you were previously employed by Covenant Health, you do not need to submit those hours
- You are required within ninety (90) days from your date of hire to submit completed Recognition of Previous Experience form(s) and supporting documents (if provided by employer), in order to have your starting salary step rate reassessed, retroactive to your start date. Upon request in writing to Human Resources, an extension of this time period may be granted in circumstances where you are unable to access the required information within one (1) month. Failure to provide the information within ninety (90) days and without written notification to Human Resources will result in no retroactivity to the salary adjustment.
- It is your responsibility to send via email or fax completed Recognition of Previous Experience form(s) and supporting documents (if available), to HR Business Support and System Solution (HRBSSS).
- It will take four (4) to eight (8) weeks after all your documents have been received by HR, to process your information.

How to complete form:

- 1. Complete 'Section I' and send form to your previous employer(s). A separate form is required for each employer.
- 2. Your former employer(s) completes 'Section II' and returns the completed form to your address, as indicated on 'Section I'. Your Employer may attach supporting documents if necessary.
- 3. Once you have compiled all completed forms (and supporting documents, if provided by employer), send all collected information to your HRBSSS at HRBusinesssupport@Covenanthealth.ca.
- 4. Once the information has been received by HRBSSS your previous work experience will be evaluated as it relates to your position and Collective Agreement, and your salary will be adjusted where appropriate.
- 5. You and your manager will be notified of the any salary adjustment that may be made and effective date of the adjustment by e-mail.



Recognition of Previous Experience

Covenant Health recognizes previous experience for the purposes of determining employees' salary, where there is provision for *Recognition of Previous Experience* in the Collective Agreement. In order to place a new employee at the appropriate basic rate of pay, Covenant Health needs verification of previous work experience.

Your promptness in returning this form directly to your former employee is greatly appreciated.

Section I: To be completed by employee and forwarded to previous employer								
I, worked for								
	Employee N	ame		Previous Employer				
And require inform Covenant Health a	ation to calculat		ased on r	ecognition of previo	ous experien	•	•	
Job Title		Union	Cov	venant Hire Date	Location		Department	
		0''		(yyyy-Mon-dd)	5 .	1/7: 0 1	DI N I	
Street Address		City		Province/State	Post	al/Zip Code	Phone Number	
Employee Signature Date (yyyy-Mon-dd)								
Section II: To be	completed by p	revious empl	over and	forwarded to emp	olovee			
Employer Name Contact Name						Contact E-mail Address		
Phone Number	Street Address			City:		Province/State	Postal/Zip Code	
Filone Number	Street Address			City.		Flovince/State	Postal/Zip Code	
Employee's Name (s) while amployed				lob Title			Type of Employment	
Employee's Name(s) while employed				Job Title			Type of Employment	
						[(e.g. part-time, full-time, casual)	
Hire Date Termination Date			Salary	Salary Step S		e L	Jnion	
(yyyy-Mon-dd)		(yyyy-Mon-dd)		(if applicable)				
Total Employment Hours (<i>Prior to COV start date ONLY</i>) Vacation Entitlement Sick Bank (hours)							rs)	
,								
(days or %) (if applicable): (if applicable)								
Contact Signature Date (yyyy-Mon-dd)								
Section III: To be completed by HR Business Support and System Solution								
Date Received (yyyy-Mon-dd):								