

Covenant Health may recognize relevant work experience hours from prior positions to determine your salary placement. You must provide verification of your previous experience hours from your former employer(s).

Use this form to provide applicable work experience hours and have your salary placement assessed.

- This form is for new hires in unionized positions. If you are in an out-of-scope position, please speak to your manager.
- Ensure your resume clearly identifies all previous related work experience including dates employed. Note: job descriptions/position information may be requested to confirm if experience is relevant to your new role.
- Recognition of experience will be in accordance with the applicable [collective agreement](#). For more information, refer to the collective agreement applicable to your position.
- **ONLY hours worked prior to your start date with Covenant Health will be considered.** No recognition will be given to positions held at the same time while employed with Covenant Health.
- To have your starting salary step reassessed retroactive to your start date, you are required to submit completed Recognition of Previous Experience form(s) and supporting documents (if provided by employer) **within ninety (90) days from your start date with Covenant Health.**
- If you are unable to access the required information within the timelines identified above, an extension may be granted by submitting a request in writing to HR Business Support & System Solutions (HRBSSS) through the [HR Contact Centre ServiceHub](#). Failure to provide the information within ninety (90) days and without written notification to HRBSSS will result in no retroactivity to the salary adjustment.
- It is your responsibility to send completed Recognition of Previous Experience form(s) and supporting documents (if available) to HRBSSS for review. Note: T4's and Records of Employment are not accepted as supporting documents.
- It may take six (6) to eight (8) weeks after all required information is submitted to have your request assessed by HRBSSS and submitted for processing. Delays may occur where the information is not complete or not clear.

How to submit your request:

1. Complete 'Section I' and send the form to your previous employer(s) to provide your experience hours. A separate form is required for each employer.
2. Your previous employer(s) completes 'Section II' and returns the completed form to your address. Your Employer may attach supporting documents if necessary (e.g. portability letters).
3. Submit completed forms and supporting documents to HRBSSS through the [HR Contact Centre ServiceHub](#). Refer to the [Recognition of previous experience, portability and site transfers](#) section on the New Employee Page on how submit your request through the HR Contact Centre ServiceHub.

Note: this form is used to adjust rates of pay only. If you are interested in porting other entitlements (e.g., vacation accrual date, sick bank), please include the request in your case when submitting your forms. For more information regarding eligibility, refer to the [collective agreement](#) applicable to your position.

4. Once all completed documentation is received by HRBSSS, your previous work experience will be evaluated as it relates to your position and, where applicable, your salary will be adjusted.
5. You will be notified of the decision through the case submitted via the [HR Contact Centre ServiceHub](#).



Covenant Health may recognize previous experience for the purposes of determining employees' rate of pay, where there is provision for Recognition of Previous Experience in the Collective Agreement. To place a new employee at the appropriate basic rate of pay, Covenant Health requires verification of previous work experience.

Section I: Employee Information (to be completed by employee)			
Employee Name		Employee ID	
Street Address	City	Province/State	Postal Code
I worked for (<i>previous employer</i>) _____ and require information to calculate my salary, based on recognition of previous experience hours. I am currently employed with Covenant Health as follows:			
Job Title	Union	Covenant Health Hire Date (<i>yyyy-Mon-dd</i>)	
Department	Location		
Employee Signature	Date (<i>yyyy-Mon-dd</i>)	Phone Number	
Section II: To be completed by employer and returned to the employee – all fields must be completed			
Employer Name		Fax Number	
Street Address	City	Province/State	Postal/ZIP Code
Contact Name	Title	Email Address (<i>must be business email address</i>)	
Employee's Name(s) while employed		Job Title	
Position Status (<i>e.g. regular/temporary full-time, part-time, casual</i>) <input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time		Type of Employment (<i>Paid, Volunteer or Student?</i>) <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Student	
Hire Date (<i>yyyy-Mon-dd</i>)	Termination Date (<i>yyyy-Mon-dd</i>)	Total Employment Hours (<i>Prior to Covenant Health start date ONLY</i>)	
Salary Rate	Salary Step (<i>if applicable</i>)	Hours towards next step increment	
Vacation Entitlement Date (<i>yyyy-Mon-dd</i>)	Sick Bank (<i>hours</i>)	Union (<i>if applicable</i>)	
Contact Signature	Date (<i>yyyy-Mon-dd</i>)	Phone Number	
Section III: To be completed by HR Business Support & System Solutions			
Date Received (<i>yyyy-Mon-dd</i>)	Date Processed (<i>yyyy-Mon-dd</i>)	Specialist	