

Recognition of Previous Experience

Alberta Health Services (AHS) will 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 AUPE Auxiliary Nursing, HSAA, AUNP and the UNA collective agreement. For *Non – Union Exempt Employees* and *AUPE GSS employees* please speak to your manager
- Submit **ONLY** experience hours worked prior to the date you started with AHS. *(does not apply to positions held at the same time while employed at AHS)*
- Complete and submit the Recognition of Previous Experience form and supporting documents **within three (3) months from your start date** following the instructions below.
NOTE: T4'S are not accepted as a supporting document.
- If you have difficulty or delays obtaining your previous employment information, call the HR Contact Centre at 1-877-511-4455.
- Allow 6 – 8 weeks for processing. Keep a copy of the completed form(s) for your records.

How to complete form (on next page):

1. Complete Section “1” of the form and send to your previous employer(s) to provide your experience hours. A separate form is required for each employer.
2. Your previous employer(s) returns the completed form/documents directly to your address.
3. Submit completed forms and supporting documents from your former employer(s) by email or fax. Use the [AHS Zone Map](#) and the chart below to determine the correct HR office;

HR Office	Email
Calgary Zone	Calgary.Recognition@albertahealthservices.ca
Central Zone	Centralzone.hub@ahs.ca
Edmonton Zone	Edmonton.Recognition@albertahealthservices.ca
North Zone	HRBPReferral.North@ahs.ca
South zone	South.recognition@ahs.ca

4. Once HR receives the completed form and documents, your work experience will be evaluated as it relates to your position and Collective Agreement. Your salary will be adjusted where appropriate.
5. You and your manager will be notified of the new salary step and effective date by email.

We appreciate your promptness in submitting this form directly to your former employer.

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Please read instructions on page 1

Section I: To be completed by employee and forwarded to previous employer			
Employee ID			
I (<i>employee name</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 Alberta Health Services as follows:			
Job Title	Union	AHS Hire Date (<i>yyyy-Mon-dd</i>)	
Department	Location		
Employee Signature	Date (<i>yyyy-Mon-dd</i>)	Phone Number	
Street Address	City	Province/State	Postal/ZIP Code
Section II: To be completed by employer and forwarded to employee's address			
Employer Name		Fax Number	
Street Address	City	Province/State	Postal/ZIP Code
Contact Name and Title		Email Address	
Contact Signature		Date (<i>yyyy-Mon-dd</i>)	Phone Number
Employee's Name(s) while employed			
Type of Employment (<i>e.g. part time, full time, casual</i>)		Job Title	
Hire Date (<i>yyyy-Mon-dd</i>)	Termination Date (<i>yyyy-Mon-dd</i>)	Total Employment Hours (<i>Prior to AHS start date ONLY</i>)	
Salary Rate	Salary Step (<i>if applicable</i>)	Hours towards next step increment	
Vacation Entitlement (<i>days or %</i>)	Sick Bank (<i>hours</i>)	Union (<i>if applicable</i>)	
Section III: To be completed by AHS HR Business Partnership			
Date Received (<i>yyyy-Mon-dd</i>)	Date Processed (<i>yyyy-Mon-dd</i>)	HR Analyst Name	

The collection of your personal information on this form is legally authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta). Your information will only be used and disclosed as necessary for your organization's human resources program including managing and administering your employment relationship with the organization.

If you have questions or concerns about this collection of your personal information as provided on this form, please contact an advisor at HR Shared Services by phone 1-877-511-4455, via the ServiceHub <https://albertahealthservices.service-now.com/esc>, or send your questions by mail to the attention of HR Shared Services, 10301 Southport Lane SW, Calgary, Alberta, T2W 1S7.