

Prior Experience Evaluation Form for Administrators

St Cloud State University

EDUCATION

Bachelors Degree

Masters Degree

Doctorates Degree

Other

[Please note any special circumstances below.]

EXPERIENCE

[Please use experience worksheet.]

TOTAL YEARS AND MONTHS OF ADMINISTRATIVE EXPERIENCE DIRECTLY RELATED TO POSITION _____

TOTAL YEARS AND MONTHS OF ADMINISTRATIVE EXPERIENCE IN UNRELATED FIELD _____

TOTAL YEARS OF TEACHING EXPERIENCE _____

TOTAL YEARS OF EXPERIENCE EXCLUDING TEACHING _____

TOTAL YEARS OF OVERALL EXPERIENCE _____

SALARY RECOMMENDED, INCLUDE JUSTIFICATION:

REVIEWED BY:

HUMAN RESOURCES SIGNATURE: _____ DATE _____

ADMINISTRATIVE PRIOR EXPERIENCE WORK SHEET

Name _____

Institution/Organization	Begin Date	End Date	Pct. Time	Actual Years	Job Related	Creditable Years

TOTAL YEARS / MONTHS OF CREDITABLE EXPERIENCE: _____

HUMAN RESOURCES: _____