

## **Department of Human Resources – Agency Resource Center**

## Nurse Qualification Sheet Creditable Months of Service for RN's or LPN's (to be completed by HR representative)

Employee Name:		
Employee Name:		
Date:		
Division/Facility:		
Position #:		
POSITION #.		
License Type/Number:		
(attach a copy)		
Expiration Date:		
Expiration date.		
Opinional Data of Linguists		
Original Date of License:		
Months =Years of Nursing Experience		
Nontris = rears of Narsing Experience		
Base Monthly Salary (per parity):		
Buse Monthly Sulary (per puntry).		
Employee Signature:		
Verified by:		
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Human Resources Officer		
<del> </del>		
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Approved By:		
Chief Officer / Regional Director		
Commissioner		
Commissioner		

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