

UMMAP COMPARABLE EXPERIENCE HISTORY FORM

In accordance with the UMMAP Collective Bargaining Agreement (CBA), in the event a bargaining unit member desires to have their step placement assignment reviewed, the Human Resources department will complete the review provided the written request is received by July 31, 2025.

The comparable experience review is to identify and provide additional points for experience, education, certification, registration, and licensure over and above what was previously provided at hire/transfer or promotion.

The employee must submit an employment history form that includes all comparable experience, education, proof of licensure, certification, and registration, if applicable, based on their practicing years.

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Employee Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Name	Employee ID	Job Title	Department
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Telephone Number	Manager	Date Review Request Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
License / Certification / Registration Name & Number	Issue Date	Degree / School	Issue Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
License / Certification Registration Name & Number	Issue Date	Degree / School	Issue Date

The information provided above will be used to calculate a salary based on the details submitted. In the event that any inaccuracies are identified, or miscalculations occur, we reserve the right to make necessary adjustments to ensure the salary aligns appropriately with the terms of the collective bargaining agreement.

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Employee Work History (verification of employment must accompany your submission)

Employer Name & Location	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Job Title / Position	Brief Description of Work

**If more space is needed, please use an additional copy of this page*

I certify that all information I have provided is true and accurate. ☐ Yes ☐ No Incomplete or late submissions received after the 60-calendar day period following the availability of the form will not be reviewed.

Employee Signature

Date

Employment forms should be submitted via email to: [Michigan Medicine Help Center - Michigan Medicine - Help Center](#)

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