

SUPPORTING DOCUMENTATION OF HR WORK EXPERIENCE FORM

Who should use this form? Candidates whose qualifying job title(s) is (are) "other" or "999" on the position code list. If more than one position requires supporting documentation, please photocopy this form as needed.

Name: _____ Job Title: _____

Organization Name: _____

Organization Address: _____

Supervisor's Name and Phone Number: _____

Dates Employed: From: _____ To: _____
Month/Year Month/Year

Job Duties and Responsibilities: _____

Please check one:

I certify that this position is/was at the exempt (professional) level. nonexempt level.

Please estimate what percent of time was spent on a daily basis in each of the following functional areas. Include a brief description of those activities. Additional documentation in the form of a job description may be attached.

STRATEGIC MANAGEMENT Percent of Daily Activities _____
 Description of Activities: _____

WORKFORCE PLANNING AND EMPLOYMENT/GLOBAL STAFFING Percent of Daily Activities _____
 Description of Activities: _____

HUMAN RESOURCE DEVELOPMENT/ORGANIZATIONAL EFFECTIVENESS AND EMPLOYEE DEVELOPMENT Percent of Daily Activities _____
 Description of Activities: _____

COMPENSATION AND BENEFITS/GLOBAL COMPENSATION AND BENEFITS Percent of Daily Activities _____
 Description of Activities: _____

SUPPORTING DOCUMENTATION OF HR WORK EXPERIENCE FORM (CONT.)

EMPLOYEE AND LABOR RELATIONS/INTERNATIONAL

EMPLOYEE RELATIONS AND REGULATIONS

Percent of Daily Activities _____

Description of Activities: _____

INTERNATIONAL ASSIGNMENT MANAGEMENT

Percent of Daily Activities _____

Description of Activities: _____

OCCUPATIONAL HEALTH, SAFETY AND SECURITY

Percent of Daily Activities _____

Description of Activities: _____

I attest that the facts presented on this form are accurate and complete and demonstrate to the best of my ability that more than 51 percent of my time on a daily basis in the position described above was spent doing exempt-level (professional) HR work. I also understand that the decision regarding my eligibility to take the exam will be made on the basis of this and any other documentation submitted with this form. There is no appeal process to denial of eligibility.

Candidate's Signature _____ Date _____

Candidate's Printed Name _____

Home Telephone Number _____ HRCI ID# (If previously assigned) _____

Return this completed form along with any other related supporting documentation to PES.

If applying online, please mail or fax this completed form (along with a copy of your summary page) to PES within five business days of application to avoid a resubmission fee. If using the scannable application, please mail this completed form with your application.

Mail or fax forms to: PES

475 Riverside Drive, 6th floor
HRCI Testing Office (470)
New York, NY 10115 U.S.A.
(212) 367-4318 (fax)