MASSACHSETTS HUMAN RESOURCES DIVISION OPEN COMPETITIVE EMPLOYMENT OR EXPERIENCE CREDIT INFORMATION SHEET EXAMINATION TITLE: Correctional Program Officer A/B ANNOUNCEMENT #: 4665 EXAMINATION DATE: November 21, 2009

ATTENTION APPLICANTS: In order to receive experience credit for this open competitive examination (pursuant to MGL C31, §22), please follow the steps listed below. Credit will be given only for experience in the position title for which the examination was conducted. In other words, since you are taking the examination for Correctional Program Officer A/B, you can claim any experience you have had performing work ONLY as a <u>Correctional Program Officer A/B</u>.

- A. Please follow these steps in order to receive credit for experience as a Correctional Program Officer A/B.
- 1. Collect the appropriate supporting documentation. Qualifying experience is limited to work as Correctional Program Officer A/B.
 - Fill in the information requested on page 2 of this document.
 - Make sure that you include all experience for which you can claim credit.
 - Include with this document, a dated letter, signed by the appointing authority or your employer (past or present), identifying
 the position title, type of job responsibilities, dates of experience, whether the experience was full or part-time and other
 pertinent information concerning your experience. If the experience was less than full-time, the verification must include
 the actual time worked, e.g., number of hours per week or the specific number of tours or shifts worked within a defined
 time period. Letters of verification must be on original, official letterhead or stationery, with an original signature.
 - Include any other supporting documentation with this document.
 - Sign and date this document.
- 2. Bring the documentation with you to the examination site and submit the documentation to the examination proctor who will provide you with a large yellow envelope for this purpose. If you do not bring the completed enclosed experience form with you to the examination site (the one with your original signature on it), you only have 7 days after the examination to submit this form to: The Massachusetts Human Resources Division, One Ashburton Place, Room 301, Boston, MA 02108-1552

 Attention: Test Administration.

B. Scoring

Experience Credit: You will receive 0.2 points for each month of creditable experience/service as a Correction Officer. One month equals 16 or more workdays or 172 hours. Part-time work experience will be prorated on the basis of a 40-hour workweek.

If you receive Experience Credit, as described in the preceding paragraph, your Experience Credit will be added to your Written Examination Score to get your Experience Score. Your Experience Score will count as 10% of your overall mark, and your Written Examination Score will count as 90% of your overall mark. If you do not qualify for an Experience Score, your overall score will be based on your Written Examination Score alone.

EXAMPLE: A candidate, with a Written Examination Score of 80%, has 5 years (60 months) of creditable experience in the examination title. The Experience Credit is calculated by multiplying the number of months times .20 points per month. (60 X .20 = 12.0) The Experience Credit of 12.0 points is then added to the Written Examination score of 80% to get an Experience Score of 92%. The Experience Score of 92% counts as 10% of the overall mark, and the Written Examination Score counts as 90% of the overall mark. In this case, the overall mark is calculated as follows:

A. Multiply the Written Examination Score by .90: $80 \times .90 = 72.0$ B. Multiply the Experience score by .10: $92 \times .10 = 9.2$ C. Add the results from A. and B. to get the overall mark 72 + 9.2 = 81.2 D. Round the overall mark from D. to the nearest whole number: 81%

C. EXPERIENCE SCORE APPEALS

Experience Scores will only be calculated for individuals who achieve a passing score on the written examination. Experience credit **cannot** be added to a failing written score in an attempt to achieve an overall passing score. Written scores cannot be appealed.

If you believe that your experience score has been calculated incorrectly, you have the opportunity to appeal the experience score only. When you receive your examination score, carefully read the instructions that will be noted on the page including your score. All appeals must be filed in writing; no appeal telephone calls will be accepted. No new information can be submitted on appeal; only clarifying information relative to the experience you originally claimed can be considered during the appeal process. **Please address any questions to:** The Massachusetts Human Resources Division, Test Administration, One Ashburton Place, Room 301, Boston, MA 02108-1552, Telephone: (617) 727-3777

MASSACHUSETTS HUMAN RESOURCES DIVISION

OPEN COMPETITIVE EMPLOYMENT OR EXPERIENCE CREDIT CLAIM FORM

Exam Title: Correctional Program Officer A/B

ANNOUNCEMENT #: 4665

Exam Date: November 21, 2009

Pursuant to Section 22 of Chapter 31 of the Massachusetts General Laws, please use this form to claim experience credit if you have worked in the position title for which the examination is being conducted. Please print legibly. Failure to do so may result in loss of credit.

Last		First	MI
SOCIAL SECURITY NUMBER:			
EXAM TITLE: CORRECTIONAL PROGRAM OFFICER A/B			
A. EXPERIENCE IN POSITION TITLE FOR WHICH EXAMINATION IS BEING CONDUCTED			
EMPLOYER: NAME			
	ADDRESS		
	CITY	STATE	ZIP CODE
	NAME OF CONTACT	TELEPHONE NUMBER	
APPLICANT'S POSITION TITLE:			
DATES OF EMPLOYMENT: START DATE:			
WAS WORK FULL TIME?: IF PART-TIME, # HOURS PER WEEK: YES/NO SUMMARY OF DUTIES			
	(Attach a	additional sheets if necessary.)	
Please bring the original form of this document to the examination site and make a copy for your records. Also bring any of the necessary supporting documentation you may have. If you are unable to bring your completed form to the test site, Section 22 of Chapter 31 of the Massachusetts General Laws requires that you submit your claim for credit and supporting documentation no later than seven days from the date of the examination. Send documents to: The Massachusetts Human Resources Division, Test Administration, One Ashburton Place, Room 301, Boston, MA 02108.			
Please read the following statement and sign on the line provided. I understand that I have completed this form under the penalties of perjury and that I can be removed from the eligible list for intentionally making a false claim.			
	SIGNATURE		DATE
DAYTIME TELEPHONE: ()			