

**COMMONWEALTH OF MASSACHUSETTS**

Human Resources Division

Department of Correction Promotional Examination

**OUT OF GRADE TIME (Examination title only)****Candidate Information**

|                       |                           |                   |                           |
|-----------------------|---------------------------|-------------------|---------------------------|
| <b>Candidate Name</b> | Click here to enter text. | <b>Exam Title</b> | Click here to enter text. |
|-----------------------|---------------------------|-------------------|---------------------------|

**Verified Time Worked in Exam Title:** Document time worked in the examination title (up to three years prior to the examination). Attach additional pages if needed (must be filled out by candidate).

| Date | Hours |
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**Candidate Certification**

☐ I certify that the information provided is true and complete.

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|---------------------|------|
| Candidate Signature | Date |
|                     |      |

**Superintendent / Designee Certification**

I certify that the hours listed above have been verified using official Department records.

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|--------------|-------|
| Printed Name | Title |
|              |       |
| Signature    | Date  |
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*This form should accompany the Employment & Education (E&E) application.*

Submit within seven (7) calendar days following the written examination.