

FORM B – CLAIM FOR POINTS SUBMISSION FORM

Worksheet No. _____ (number should match with number on POINTS AWARDED WORKSHEET)

NOTE: you are urged to keep this blank form on file. Please make photocopies of this form as needed. A separate submission is required for each type of activity with one type of verification.

Name: _____

Home Address: _____

City: _____ STATE: _____ ZIP: _____

Daytime Phone: (____) _____ Ext. _____ FAX: (____) _____

Email: _____

SOURCE: Experience: _____ Education: _____ Other: _____

Please indicate a letter from Appendix G for all claimed points submitted for the **OTHER** category.

Type of Activity: _____

Type of Verification attached: _____

Library Service Areas

Indicate number of points requested for each area. Justification of the number for each area must be clearly indicated in the supporting documentation.

_____ Automation (AT)

_____ Public Services (PS)

_____ Technical Services (TS)

_____ General Area (GN)

_____ Administration/Mgmt (A/M)

_____ Not Library Related (NL)

Total Points Requested: _____

Explanation/Competency Statement: (If attaching a separate sheet for statement, add the Worksheet No.)

CAP REVIEW BOARD MEMBER INITIALS:

_____ **APPROVED: Yes** _____ **NO** _____

_____ **Points Granted:** _____

_____ **Date:** _____

Mail Packets to:

CAP Review Board Coordinator