

**WASHINGTON STATE NURSES ASSOCIATION and
KITTTAS VALLEY HEALTHCARE**

2023 Step Adjustment Request Form

I hereby request that Kittitas Valley Healthcare (KVH) examine my experience prior to my initial hire date in order to adjust my step placement under Section 5.3.1 of the 2023-2025 contract between Washington State Nurses Association (WSNA) and KVH.

Name			
Title			
Department			
FTE			
Approximate Date of Initial RN Licensure			
State of Initial RN Licensure			
Date of Initial RN License in WA (if different)			
Hire Date			
Initial Step Placement			
Current Step			
I would like KVH to send a copy of the results of their review to WSNA.	(initial)	I give WSNA permission to submit this form to KVH on my behalf.	(initial)

Signature

Date