PAVEMENT MARKING OPERATOR
REQUEST FOR PROGRESSION

❖ NOTE: This information is to be used as a cover sheet/checklist for the progression packet after all requirements are met
➢ Please retain a copy of the completed progression packet for your records.

GENERAL INFORMATION:

Employee's Name: _____ Phone Number: _____

Employee's Date of Hire: _____ Employee tenure in current position: _____

Supervisor's Name: _____ Phone Number: _____

Supervisor's Title: _____ Length of time you have supervised employee:_____

NOTE: The following must be completed by attendance keeper:
Usage within last 12 months: Sick Leave:_____hours, LWOP:_____hours, Sick Leave Accrual:_____ hours

Signature of person verifying attendance: _____ Date: _____ Phone# _____

REQUEST: **I would like to be reviewed for the following:**

☐ Pavement Marking Operator I, 1st Proficiency Increase   ☐ Pavement Marking Operator I, 2nd Proficiency Increase
☐ To become Pavement Marking Operator II   ☐ Pavement Marking Operator II, 1st Proficiency Increase

PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:
Appropriate years' **experience only:**
    ☐ Six (6) months as a Pavement Marking Operator I to be eligible for 1st Proficiency Increase
    ☐ Nine (9) months as a Pavement Marking Operator I to be eligible for 2nd Proficiency Increase
    ☐ One (1) year as a Pavement Marking Operator I with the City of Tulsa to become a Pavement Marking Operator II
    ☐ One (1) year as a Pavement Marking Operator II with the City of Tulsa to be eligible for 1st Proficiency Increase

Successful completion of:
☐ Relevant safety training course(s);
☐ Relevant internal City of Tulsa communications or interpersonal relations course(s);
☐ One (1) external class in Work Zone Safety pre-approved by the Department
☐ One (1) external seminar or workshop (must attach certificate or other proof of attendance);
☐ Certification from Department for passing internal operator's exam for operation of bucket and platform trucks;
☐ Certification from Department for passing internal exam for knowledge of MUTCD;
☐ Certification from Department for passing internal operator's exam for operation of pavement marking truck;
☐ Possession of Oklahoma Class "B" Commercial Driver's License (CDL)   Date Received _____
☐ "Proficient" rating on last final review

I have attached all the required documentation as stated in the Pavement Marking Operator Criterion Document and corresponding Policies and Procedures to be used to evaluate my request for progression. I am performing the responsibilities required for my level and have completed the appropriate course work, training, and certification.

Employee's Signature: _____ **Date:**
_____

Supervisor's Signature: _____ **Date:**
_____