## WATER/WASTEWATER WORKS 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 for your records. <u>Employees requesting proficiency or progression increase must not be on a City Performance Improvement Plan at the time of the request.</u>

GENERAL INFORMATION: (Please Print)					
Employee's Name:	me: Phone #:				
Employee's Date of Hire:	_ Employee current p	osition title: _			
Supervisor's Name:	Phone #:				
Supervisor's Title:	Length of time you have supervised employee:				
NOTE: The following attendance information must be completed by attendance keeper.					
Usage within the 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:  Water/Wastewater Works Operator Helper, 1 <sup>ST</sup> Proficiency Increase  Water/Wastewater Works Operator I, 1 <sup>ST</sup> Proficiency Increase  Water/Wastewater Works Operator I, 2 <sup>ND</sup> Proficiency Increase  Water/Wastewater Works Operator II, Progression  Water/Wastewater Works Operator II, 1 <sup>ST</sup> Proficiency Increase  Water/Wastewater Works Operator II, 2 <sup>ND</sup> Proficiency Increase  Water/Wastewater Works Operator II, 3 <sup>rd</sup> Proficiency Increase  Water/Wastewater Works Operator II, 3 <sup>rd</sup> Proficiency Increase  Water/Wastewater Works Operator II, 4 <sup>th</sup> Proficiency Increase					
CHECKLIST OF SUBMITTED DOCUMENTATION	<b>:</b>				
Date to Class in current position  Water/Wastewater Works Operator Helper Water/Wastewater Works Operator I Water/Wastewater Works Operator II Original High School transcript or GED Certificate Proof of completion of one (1) progression credit if Proof Class "A" Permit Driver's License with "N" Endorse Proof of Class "B" Permit Driver's License with "N" Endorse Proof of Class "B" Driver's License with "N" Endorse Proof of Class "B" Driver's License Class D Wastewater License (DEQ) Copy of Safety Training completed by (COT) Successful completion of internal department trai Successful completion of internal department ass Successful completion of COT / Safety First Aid II Proof of Ride Along Safety training conducted by	from an internal City tra N" Endorsement ement N" Endorsement ement ining sessments Non-Certification Class y Supervisor	S			
I have attached all the required documentation as stated in the Wastewater Works Operator Criterion Document and corresponding Policies and Procedures to be used to evaluate my request for a proficiency or progression increase. I am performing the responsibilities required for my level and have completed the appropriate coursework, training and/or other requirements.					
Employee's Signature:		Date	e:		
Supervisor's Signature:		Date	e:		