□GRAPHICS SPECIALIST REQUEST FOR PROGRESSION

•NOTE: This request is to be used as a cover sheet/checklist for the progression packet after all requirements are met.

GENERAL INFORMATION:				
Employee's Name:			Phone Number:	
Employee's date of hire with the City of Tulsa:	Employee tenure in curr	ent position:	months OR	years
Supervisor's Name:			Phone Number:	
Supervisor's Title:	Length of time that you have supervised the employee:			
Current Classification: (Please ✓ appropriate response)				
☐ Graphics Assistant - ☐ Graphics Specialist- ☐ S (OT-17) (AT-23)	Sr Graphics Specialist (AT-28)			
NOTE: The following must be completed by attendance keeper.				
Sick leave within the last 12 months: Usagehours	Accrual	hours	LWOP	hours
Signature of person verifying attendance:	Phone #		Date:	
REQUEST: I would like to be reviewed for a progression to the following classification level: □ Proficiency Increase - □ Graphics Specialist - □ Sr Graphics Specialist - □ Graphics Analyst (OT-17) (AT-23) (AT-28) (AT-32)				
PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:				
☐ Education (Official stamped copy of transcript(s))				
☐ Coursework (Transcript(s))				
☐ Internal Training Certificate(s) or some proof of attendance				
☐ Task Proficiency Inventory				
☐ Copy of most current Performance Planning Review Record				
I have attached all the required documentation as stated in the Graphics Specialist Progression & Productivity Program Criterion Document used to evaluate my request for progression. I am performing the appropriate duties and responsibilities at a competent level and completed the appropriate coursework.				
Employee's Signature:			Date:	
Supervisor's Signature:			Date:	