

**TRAFFIC SIGNAL TECHNICIAN
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:

- Technician I, 1st Proficiency Increase Technician I, 2nd Proficiency Increase Technician I, 3rd Proficiency Increase
- To become Traffic Signal Technician II

PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:

- Education (Official copy of college or technical school transcript); **or**
- Copy of Oklahoma Unlimited Journeyman electrical license
- Received a "Proficient" or better rating on last review.

Appropriate years **experience only:**

- Six (6) months as Tech I to be eligible for 1st Proficiency Increase
- One (1) year as Tech II to be eligible for 2nd Proficiency Increase
- Two (2) years as Tech II to be eligible for 3rd Proficiency Increase
- Three (3) years as Traffic Signal Technician I with the City of Tulsa to become Traffic Signal Technician II

Successful completion of:

- One (1) internal City of Tulsa communications or interpersonal relations course;
- One (1) external seminar or workshop (must attach certificate or other proof of attendance)
- 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 Traffic Signal Technician 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: _____