

**TRAFFIC UTILITY WORKER
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:

- Traffic Utility Worker I, 1st Proficiency Increase To become Traffic Utility Worker II

PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:

Appropriate years' **experience only:**

- Six (6) months as a Traffic Utility Worker I to be eligible for 1st Proficiency Increase
- One (1) year as a Traffic Utility Worker I with the City of Tulsa to become a Traffic Utility Worker II

Successful completion of:

- One (1) class in either Work Zone Safety or Basic Electrical Safety as pre-approved by the Department
- Relevant internal City of Tulsa communications or interpersonal relations course(s);
- Relevant safety training course(s);
- 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 Utility Worker 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: _____