

# ELECTRICAL PROGRESSION 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: (Please Print)**

Employee's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee's Date of Hire: \_\_\_\_\_ Date to Class \_\_\_\_\_ Employee's tenure in current position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Current Classification: (Please check appropriate response)

- Apprentice (LT-17)                       Sr. Electrician Apprentice (LT-18)                       Electrician II (LT-15)

NOTE: The following 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 progression or proficiency increase:**

- Apprentice 1<sup>st</sup> Proficiency Increase       Apprentice 2<sup>nd</sup> Proficiency Increase       Apprentice 3<sup>rd</sup> Proficiency Increase  
 To Become Sr Appr       Sr Appr 1<sup>st</sup> Proficiency Increase       Sr Appr 2<sup>nd</sup> Proficiency Increase       Sr Appr 3<sup>rd</sup> Proficiency Increase  
 To Become Elec II       Elec II 1<sup>st</sup> Proficiency Increase       Elec II 2<sup>nd</sup> Proficiency Increase       Elec II 3<sup>rd</sup> Proficiency Increase

## **PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:**

- Education (Official copy of transcript(s))  
 Rating of "Proficient" or above on last review

Appropriate years **experience only:**

- Six (6) months as Apprentice for 1<sup>st</sup> Proficiency Increase
- Twelve (12) months as a Licensed Elec Appr for 2<sup>nd</sup> Proficiency Increase
- Eighteen (18) months as a Licensed Elec Appr for 3<sup>rd</sup> Proficiency Increase
- Three (3) yrs elec exp or Two (2) yrs as a COT Elec Appr to become Sr Elec Appr
- Six (6) months as Sr Appr for 1<sup>st</sup> Proficiency Increase
- Twelve (12) months as a Sr Appr for 2<sup>nd</sup> Proficiency Increase
- Eighteen (18) months as a Sr Appr for 3<sup>rd</sup> Proficiency Increase
- Five (5) yrs elec exp to become Elec II
- Six (6) months as Elec II for 1<sup>st</sup> Proficiency Increase
- Twelve (12) months as a Elec II for 2<sup>nd</sup> Proficiency Increase
- Eighteen (18) months as Elec II for 3<sup>rd</sup> Proficiency Increase

Successful completion of: (check all required)

- One (1) Core Curriculum course (attach documentation)
- Work Zone Safety or Basic Electrical Safety course (attach documentation)
- Possession of a valid Electrical Apprentice License                      Date Received \_\_\_\_\_
- Possession of Applicable Class "D"  Water  Wastewater License(s)                      Date Received \_\_\_\_\_
- Possession of Applicable Class "C"  Water  Wastewater License(s)                      Date Received \_\_\_\_\_
- Possession of Applicable Class "B"  Water  Wastewater License(s)                      Date Received \_\_\_\_\_
- Intro to Electrical Licensing course or equiv (course title if equiv; attach documentation) \_\_\_\_\_
- Electrical Installations course or equiv (course title if equiv; attach documentation) \_\_\_\_\_
- Accredited college hours (attach transcript) - # of hours \_\_\_\_\_
- Verified hours meeting classroom requirements for Okla. CIB (attach documentation) - # of hours \_\_\_\_\_
- Documented electrician apprentice/unlimited journeyman hours (attach signed contractor documentation) - # of hours \_\_\_\_\_

*I have attached all the required documentation as stated in the Electrical Progression 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 coursework, training and certifications.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_