

**WATER/WASTEWATER WORKS OPERATOR III- TECHNICIAN  
REQUEST FOR PROFICIENCY**

❖ NOTE: This information is to be used as a cover sheet/checklist for the proficiency packet after all requirements are met.  
➤ Please retain a copy for your records.

**GENERAL INFORMATION: (Please Print)**

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

Employee's Date of Hire: \_\_\_\_\_ Employee current position title: \_\_\_\_\_

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

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

Indicate applicable area:  Sewer Operations and Maintenance Division  Water Distribution Division

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 III- Technician**

- Water/Wastewater Works Operator III- Technician, 1<sup>ST</sup> Proficiency Increase
- Water/Wastewater Works Operator III- Technician, 2<sup>ND</sup> Proficiency Increase

**CHECKLIST OF SUBMITTED DOCUMENTATION:**

Date to Class in current position \_\_\_\_\_  
"Proficient" rating on current PPR form \_\_\_\_\_

- Lifting and Rigging Certification (SOM & Water Distribution)
- Successful completion Driver improvement training Re-certification (SOM & Water Distribution)
- Successful completion Customer Service Training (SOM & Water Distribution)
- OKIE 811 (Golden Shovel Certification) (SOM & Water Distribution)
- Successful passing the assessment for the Wastewater Collection System Vol. 1 (9 CEU's) (SOM)
- Successful completion of Meter Testing 5/8"-20" (Water Distribution)
- Successful completion of Leadership Training Course (SOM)
- Successful completion of Traffic Control Training (SOM)
- Successful completion of Meter Maintenance Training for 3"-20" (Water Distribution)

***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 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: \_\_\_\_\_

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