

WATER/WASTEWATER WORKS OPERATOR 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 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: _____

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 I, 1ST Proficiency Increase
- ☐ Water/Wastewater Works Operator I, 2ND Proficiency Increase
- ☐ Water/Wastewater Works Operator II, Progression
- ☐ Water/Wastewater Works Operator II, 1ST Proficiency Increase
- ☐ Water/Wastewater Works Operator II, 2ND Proficiency Increase
- ☐ Water/Wastewater Works Operator II, 3rd Proficiency Increase
- ☐ Water/Wastewater Works Operator II, 4th Proficiency Increase

CHECKLIST OF SUBMITTED DOCUMENTATION:

Date to Class in current position _____

- ☐ Water/Wastewater Works Operator I
- ☐ Water/Wastewater Works Operator II
- ☐ Original High School transcript or GED Certificate
- ☐ Proof of Class "A" Permit Driver's License with "N" Endorsement
- ☐ Proof Class "A" Driver's License with "N" Endorsement
- ☐ Proof of Class "B" Permit Driver's License with "N" Endorsement
- ☐ Proof Class "B" Driver's License with "N" Endorsement
- ☐ Proof of Class "D" Driver's License
- ☐ Class D Wastewater License (DEQ)
- ☐ Copy of Communication Classes (COT)
- ☐ Copy of Safety Training completed by (COT)
- ☐ Successful completion of internal department training
- ☐ Successful completion of internal department assessments
- ☐ Successful completion of COT / Safety First Aid Non-Certification Class
- ☐ Proof of Ride Along Safety training conducted by Supervisor
- ☐ "Proficient" rating on current PPR form

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 or progression 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: _____