

**WATER/WASTEWATER WORKS OPERATOR IV
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: SOM Division Water Distribution Division Water Supply 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 IV, 1ST Proficiency Increase
- Water/Wastewater Works Operator IV, 2ND Proficiency Increase
- Water/Wastewater Works Operator IV, 3RD Proficiency Increase

CHECKLIST OF SUBMITTED DOCUMENTATION:

Date to Class in current position _____

"Proficient" rating on current PPR form _____

- General Welding Certification (Water Supply)
- Successful completion of MACP Training Assessment (Water Supply & Water Distribution)
- Successful completion of an OSHA 30 Safety Training class (All Divisions)
- Dewatering Assessment and Vitrified Clay Pipe (VCP) Installation Certification (SOM)
- Successful completion of Hach Water Quality Training including directional flushing (Water Supply & Water Distribution)
- Successful completion of a Customer Service Training class approved by Management (All Divisions)
- Hydro Excavation Certification or OSU Aggregate Training as approved by Management (Water Supply & Water Distribution)
- Vactor Certification or Hydro Excavation Certification or OSU Aggregate Training as approved by Management (SOM)
- Progression Program Core Curriculum Non-Safety Course () approved by the Management or Supervisor (All Divisions)
- Manhole Assessment and Certification Program (MACP) and Pipeline Assessment and Certification Program (PACP) Training Assessment (SOM)

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: _____