GARDENER PROGRESSION
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:
☐ Gardener I, 1st Proficiency Increase  ☐ Gardener I, 2nd Proficiency Increase
☐ Gardener I, 2nd Proficiency Increase
☐ To become Gardener II
☐ Gardener II, 1st Proficiency Increase  ☐ Gardener II, 2nd Proficiency Increase

PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:
☐ Official copy of high school transcript or GED Certificate
☐ Received a "Proficient" or better rating on last review.
Appropriate years experience only:
☐ Six (6) months as Gardener I to be eligible for 1st Proficiency Increase
☐ Nine (9) months as Gardener II to be eligible for 2nd Proficiency Increase
☐ One (1) year as Gardener I to be eligible for Gardener II
☐ Six (6) months as Gardener II to be eligible for 1st Proficiency Increase
☐ One (1) year as Gardener II to be eligible for 2nd Proficiency Increase

Successful completion of:
☐ Proof of required non-Safety training progression credit as required for each proficiency/progression
☐ Proof of required Safety training progression credit as required for each proficiency/progression
☐ Proof of Phase I – Basic Heavy Equipment Operations City of Tulsa training
☐ Proof of Oklahoma State Department of Agriculture Certified Applicator’s License in the Ornamental and Turf category
☐ Proof of Oklahoma Class “B” Commercial Driver’s License (CDL) Date Received ______________________
☐ One (1) external seminar or workshop (must attach certificate or other proof of attendance) equivalent to three (3) clock hours as approved by Department management
☐ One (1) external seminar or workshop (must attach certificate or other proof of attendance) equivalent to six (6) clock hours as approved by Department management
☐ Proof of current membership in a gardening/horticulture related organization approved the department
☐ Proof of Safety First Aid non-certification course
☐ "Proficient" rating on last final review

I have attached all the required documentation as stated in the Gardener 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: __________________