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.

Supervisor's Signature:

GENERAL INFORMATION:	
Employee's Name:	Phone Number:
Employee's Date of Hire: Empl	oyee 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 □ To become Gardener II □ Gardener II, 1st Proficiency Increase 	 □ Gardener I, 2nd 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 II to be eligible for 1st Proficiency Increase ☐ 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:

Date: _