FORENSIC SCIENTIST PROGRESSION
REQUEST FOR PROGRESSION

NOTE: This request 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 packet for your records.

GENERAL INFORMATION: (Please Print)

Employee's Name: ___________________________________________ Phone Number: ______________________

Employee's Date of Hire: _______ Date to Class _________ Employee's tenure in current position: ____________

Supervisor's Name: _________________________________________ Phone Number: ______________________

Supervisor's Title: ___________________________ Length of time you have supervised employee: ______________

Current Classification: (Please check appropriate response)

☐ Forensic Scientist (ST-34) ☐ Forensic Scientist II (ST-39) ☐ Sr. Forensic Scientist (ST-43)

NOTE: The following 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 progression or proficiency increase:

☐ Forensic Scientist 1st Proficiency Increase  ☐ Forensic Scientist II  ☐ Forensic Scientist II 1st Proficiency Increase

☐ Sr. Forensic Scientist  ☐ Sr. Forensic Scientist 1st Proficiency Increase

PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:

☐ Education (Official copy of transcript(s))
☐ Appropriate Certification(s) for specific progression
☐ Demonstrated Skill Proficiency (Work Authorization)
☐ Copy of valid Oklahoma Class “D” Driver License
☐ Sufficient ability to satisfy Job Complexity criteria (memo from supervisor)

Appropriate years’ experience:
☐ A minimum of one (1) year authorized casework experience in a Forensic Laboratory as a Forensic Scientist for progression to Forensic Scientist II
☐ Three (3) years’ authorized casework experience in a Forensic Laboratory as a Forensic Scientist
☐ Minimum of one (1) year as a Forensic Scientist II for the City of Tulsa

I have attached all the required documentation as stated in the Forensic Scientist Progression 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 coursework, training, and certifications.

Employee's Signature: ___________________________ Date: __________________________

Supervisor's Signature: ___________________________ Date: __________________________