TREATMENT PLANT 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. Employees requesting proficiency or progression increase must not be on a City Performance Improvement Plan at the time of the request.

GENERAL INFORMATION: (Please Print)

Employee’s Name: ___________________________________________ Phone #: __________________________

Employee’s Date of Hire: _________ Date to Class _________ Employee current position title: ____________

Supervisor’s Name: _________________________________________ Supervisor’s Title: _____________________

Phone #: __________________________ Length of time you have supervised the employee: ________________

Current Classification

☐ Treatment Plant Operator I  ☐ Treatment Plant Operator II

☐ Treatment Plant Operator III  ☐ Treatment Plant Operator IV

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:

Treatment Plant Operator I  Treatment Plant Operator II

☐ Proficiency Increase  ☐ Proficiency Increase

☐ Progression to a TPO II  ☐ Progression to a TPO III

Treatment Plant Operator III  Treatment Plant Operator IV

☐ Proficiency Increase  ☐ Proficiency Increase

☐ Advanced Certification Increase  ☐ Advanced Certification Increase

☐ Progression to a TPO IV

CHECKLIST OF SUBMITTED DOCUMENTATION:

For all Proficiencies:

☐ Original High School transcript or GED Certificate, if not previously submitted

☐ Original college transcript

☐ Educational equivalent certificates

☐ Applicable ODEQ licenses
TREATMENT PLANT 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. Employees requesting proficiency or progression increase must not be on a City Performance Improvement Plan at the time of the request.

Treatment Plant Operator I through IV Proficiencies

☐ Completes one (1) course credit from the internal City of Tulsa Development Training Course Catalogue, not previously submitted, as approved by management, in the following category:
  ☐ Safe and Respectful Workplace
  ☐ Development for Personal Growth or Communication and Interpersonal Skills
  ☐ Computer Skills
  ☐ Leveraging Data or Business Leadership Skills

☐ Completes the applicable number of college hours or the equivalent to the applicable college from listed in the “Approved Educational Equivalent Credits”
  ☐ Six (6) hours    ☐ Twelve (12) hours    ☐ Twenty-four (24) Hours    ☐ Thirty-six (36) Hours

Advanced Certification Increase

☐ Obtains the Oklahoma Department of Environmental Quality Class “C” Laboratory Operator Certification
☐ Obtains the Oklahoma Department of Environmental Quality Class “B” Laboratory Operator Certification
☐ Obtains the Oklahoma Department of Environmental Quality Class “A” Laboratory Operator Certification and the ODEQ Class “A” Operator Certification.

I have submitted or attached all the required documentation as stated in the Treatment Plant Operator 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 Name (Print and Sign): ___________________________________________ Date: _________________

Supervisor's Name (Print and Sign): ___________________________________________ Date: _________________