NIBIN TECHNICIAN 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)

☐ NIBIN Technician I (ST-27) ☐ NIBIN Technician II (ST-31)

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:

☐ NIBIN Technician I 1st Proficiency Increase  ☐ NIBIN Technician II  ☐ NIBIN Technician II 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)

I have attached all the required documentation as stated in the NIBIN Technician 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: ___________________________