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)

☐ Staff Auditor I (AT-28) ☐ Staff Auditor II (AT-32) ☐ Senior Internal Auditor (EX-40)
☐ Senior Internal Auditor II (EX-44)

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:

☐ Progression to Staff Auditor II ☐ Staff Auditor II Proficiency Increase ☐ Progression to Sr Internal Auditor
☐ Sr Internal Auditor Proficiency Increase ☐ Progression to Sr Internal Auditor II

PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:

☐ Education (Official copy of transcript(s))
☐ Demonstrated Skill Proficiency
☐ Continuing education hours verification
☐ Required training verification
☐ Copy of valid Oklahoma Class “D” Driver License

I have attached all the required documentation as stated in the Staff Audit Data Analyst 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: ____________________________