NOTE: This request is to be used as a cover sheet/checklist for the progression packet after all requirements are met.

**GENERAL INFORMATION:**

Employee's Name: ____________________________________________________ Phone Number: ________________

Employee's Date of Hire: _________________________________ Employee's tenure in current position: ____________

Supervisor's Name: ____________________________________________________ Phone Number: ________________

Supervisor's Title: _________________________________ Length of time you have supervised employee: _____________

Current Classification: (Please □ appropriate response)

  □ Plans Examiner I (AT-28)
  □ Plans Examiner II (AT-32)
  □ Plans Examiner III (AT-36)
  □ Professional Code Official (EX-40)

□ 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: _________________________

**REQUEST:**

I would like to be reviewed for the following:

  □ Plans Examiner II (AT-32)
  □ Plans Examiner III (AT-36)
  □ Professional Code Official (EX-40)
  □ Senior Code Official (EX-44)

**PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:**

  □ Education (Official stamped copy of transcript(s))
  □ Appropriate Certification for specific progression
  □ Coursework (Transcript(s)) - if applicable classification
  □ Internal Training Certificate(s) or some proof of attendance
  □ External Training Certificate(s) or some proof of attendance
  □ Rating of "Proficient" or above on last final review
  □ Copy of most current Performance Planning Review Record

*I have attached all the required documentation as stated in the Plans Examiner/Code Official 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: ____________________________

Supervisor's Signature: _____________________________________________ Date: ____________________________