

**PLANS EXAMINER/CODE OFFICIAL
REQUEST FOR PROGRESSION**

☞ 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 classification Coursework (Transcript(s)) - if applicable
- Internal 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
- External Training Certificate(s) or some proof of attendance

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: _____