TRAFFIC UTILITY WORKER
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 of the completed progression packet for your records.

GENERAL INFORMATION:

Employee's Name: __________________________________________ Phone Number: ________________
Employee's Date of Hire: ________________ Employee tenure in current position: ________________
Supervisor's Name: ________________________________ Phone Number: ________________
Supervisor's Title: _________________________ Length of time you have supervised employee: ________________

NOTE: The following must be completed by attendance keeper:
Usage within 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:
☐ Traffic Utility Worker I, 1st Proficiency Increase ☐ To become Traffic Utility Worker II

PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:
Appropriate years’ experience only:
☐ Six (6) months as a Traffic Utility Worker I to be eligible for 1st Proficiency Increase
☐ One (1) year as a Traffic Utility Worker I with the City of Tulsa to become a Traffic Utility Worker II

Successful completion of:
☐ One (1) class in either Work Zone Safety or Basic Electrical Safety as pre-approved by the Department
☐ Relevant internal City of Tulsa communications or interpersonal relations course(s);
☐ Relevant safety training course(s);
☐ One (1) external seminar or workshop (must attach certificate or other proof of attendance);
☐ Possession of Oklahoma Class “B” Commercial Driver’s License (CDL) Date Received ___________________________
☐ "Proficient" rating on last final review

I have attached all the required documentation as stated in the Traffic Utility Worker 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: ________________