

**❑ CUSTOMER ACCOUNT REPRESENTATIVE
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 with the City of Tulsa: _____

Employee's education level: _____

Supervisor's Name: _____ Phone Number: _____

Supervisor's Title: _____

Current Classification: (Please ✓ appropriate response)

☐ Customer Account Representative I (OT-15) ☐ Customer Account Representative II (OT-16) ☐ Customer Account Representative III (OT-17)

NOTE: The following must be completed by attendance keeper.

Sick leave within the last 12 months: Usage _____ hours Accrual _____ hours LWOP _____ hours

Signature of person verifying attendance: _____ phone # _____ Date: _____

REQUEST: **I would like to be reviewed for the following:**

☐ Proficiency Increase (OT-15) ☐ Customer Acct Rep II (OT-16) ☐ Proficiency Increase: 1. ☐ 2. ☐ 3. ☐ ☐ Customer Account Representative III (OT-17)

PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:

- ☐ Education (Official College accredited transcript(s))
- ☐ Proof of Training attendance (Certificates or Training Partner individual class list)
- ☐ Demonstrated Skill Proficiency (Test Scores)
- ☐ Copy of most current Performance Planning Review Record

I have attached all the related documentation as stated in the Customer Account Representative Progression & Productivity Program Criterion Document and corresponding policies and procedures to be used to evaluate my request for progression. I am performing the appropriate duties and responsibilities at a competent level, completed the appropriate coursework and have demonstrated an increase in productivity for the department due to the development of knowledge, skills and abilities.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____