NIBIN TECHNICIAN PROGRESSION REQUEST FOR PROGRESSION

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: (1	Please Print)			
Employee's Name:	oyee's Name:Phone Number:		Number:	
Employee's Date of Hire:	Date to ClassEmployee's tenure in current position:			
Supervisor's Name:	Phone Number:			
Supervisor's Title:	Length of time you have supervised employee:			
Current Classification: (Please ch	eck appropriate response)			
□ NIBIN Technician I (ST-27)			□ NIBIN Technician II (ST-31)	
NOTE: The following must be co Usage within the last 12 months: \$	mpleted by attendance kee Sick Leavehours	per. LWOPhours	s Sick Leave Accrual hours	
Signature of person verifying atten	dance:	Date:	Phone #	
<u>REQUEST</u> : I would like to be re	eviewed for the following	progression or profici	ency increase:	
□ NIBIN Technician I 1 st Proficie	ncy Increase 🛛 NIBIN T	echnician II 🗖 NIBIN	Technician II 1 st Proficiency Increase	
PROGREEducation (Official copy of trailAppropriate Certification(s) forDemonstrated Skill ProficiencyCopy of valid Oklahoma ClassSufficient ability to satisfy Job	r specific progression (Work Authorization) "D" Driver License		<u>MENTATION</u> :	
I have attached all the required de and corresponding policies and pu responsibilities required for my le	rocedures to be used to ev	aluate my request for pr	ogression. I am performing the	
Employee's Signature:		Date:	Date:	
Supervisor's Signature:		Date:	Date:	