## STAFF AUDITOR 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:	(Please Print)			
Employee's Name:		Phone Number:		
Employee's Date of Hire:Date to Class		Employee's tenure in current position:		
Supervisor's Name:		Phon	Phone Number:	
Supervisor's Title:	Length of time you have supervised employee:			
Current Classification: (Please ch	neck appropriate response)			
☐ Staff Auditor I (AT-28) ☐ Senior Internal Auditor II (E		AT-32)	enior Internal Auditor (EX-40)	
NOTE: The following must be c Usage within the last 12 months:			urs Sick Leave Accrualhours	
Signature of person verifying atte	endance:	Date:	Phone #	
<b>REQUEST:</b> I would like to be	reviewed for the following	progression or profic	ciency increase:	
<ul><li>□ Progression to Staff Auditor</li><li>□ Sr Internal Auditor Proficien</li></ul>			e Progression to Sr Internal Auditor to Sr Internal Auditor II	
PROGR  ☐ Education (Official copy of tr ☐ Demonstrated Skill Proficient ☐ Continuing education hours v ☐ Required training verification ☐ Copy of valid Oklahoma Class	cy erification	F SUBMITTED DOC	<u>CUMENTATION</u> :	
I have attached all the required Document and corresponding poperforming the responsibilities recrtifications.	olicies and procedures to be	used to evaluate my r		
	Employee's Signature:			
Employee's Signature:		Date:		