

**WATER/WASTEWATER WORKS OPERATOR V  
REQUEST FOR PROFICIENCY**

❖ NOTE: This information is to be used as a cover sheet/checklist for the proficiency packet after all requirements are met.  
➤ Please retain a copy for your records.

**GENERAL INFORMATION: (Please Print)**

Employee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Employee's Date of Hire: \_\_\_\_\_ Employee current position title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_ Length of time you have supervised employee: \_\_\_\_\_

Indicate applicable area:  SOM Division  Water Distribution Division  Water Supply Division

NOTE: The following attendance information 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: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Water/Wastewater Works Operator III- Technician**

- Water/Wastewater Works Operator V, 1<sup>ST</sup> Proficiency Increase
- Water/Wastewater Works Operator V, 2<sup>ND</sup> Proficiency Increase
- Water/Wastewater Works Operator V, 3<sup>RD</sup> Proficiency Increase

**CHECKLIST OF SUBMITTED DOCUMENTATION:**

Date to Class in current position \_\_\_\_\_

"Proficient" rating on current PPR form \_\_\_\_\_

- High Density Polyethylene (HDPE) Certification (All Divisions)
- Pipeline Assessment and Certification Program (PACP) Certification or Vector Operator Certification as approved by Management (SOM)
- Boring Machine Certification (Water Distribution)
- MACP Certification (All Divisions)
- Pipe Bursting Best Practice Training or DEQ Overflow Mitigation Reporting Training as approved by Management (All Divisions)
- Obtain Class "C" Water/Wastewater Operators License as issued by the Department of Environmental Quality (DEQ) (All Divisions)
- Soils Mechanics Course from OSU or Hazwoper Training as approved by Management (All Divisions)

***I have attached all the required documentation as stated in the Wastewater Works Operator Criterion Document and corresponding Policies and Procedures to be used to evaluate my request for a proficiency increase. I am performing the responsibilities required for my level and have completed the appropriate coursework, training and/or other requirements.***

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_