

## FORENSIC SCIENTIST 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: (Please Print)**

Employee's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee's Date of Hire: \_\_\_\_\_ Date to Class \_\_\_\_\_ Employee's tenure in current position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Length of time you have supervised employee: \_\_\_\_\_

Current Classification: (Please check appropriate response)

- Forensic Scientist (ST-34)       Forensic Scientist II (ST-39)       Sr. Forensic Scientist (ST-43)

NOTE: The following 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 progression or proficiency increase:**

- Forensic Scientist 1<sup>st</sup> Proficiency Increase       Forensic Scientist II       Forensic Scientist II 1<sup>st</sup> Proficiency Increase  
 Sr. Forensic Scientist       Sr. Forensic Scientist 1<sup>st</sup> Proficiency Increase

### **PROGRESSION CHECKLIST OF SUBMITTED DOCUMENTATION:**

- Education (Official copy of transcript(s))
- Appropriate Certification(s) for specific progression
- Demonstrated Skill Proficiency (Work Authorization)
- Copy of valid Oklahoma Class "D" Driver License
- Sufficient ability to satisfy Job Complexity criteria (memo from supervisor)

Appropriate years' experience:

- A minimum of one (1) year authorized casework experience in a Forensic Laboratory as a Forensic Scientist for progression to Forensic Scientist II
- Three (3) years' authorized casework experience in a Forensic Laboratory as a Forensic Scientist
- Minimum of one (1) year as a Forensic Scientist II for the City of Tulsa

***I have attached all the required documentation as stated in the Forensic Scientist Progression 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 coursework, training, and certifications.***

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

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