

Date: \_\_\_\_\_

### REQUEST TO EVALUATE QUALIFICATIONS

FOR:  PROMOTION  DEMOTION  REINSTATEMENT  TRANSFER \_\_\_\_\_

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Proposed Job Family and Level, Code, Payband

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Present Job Family and Level, Code, Payband

I certify that this request is in compliance with the Oklahoma Personnel Act.

\_\_\_\_\_  
Name and Title of Requesting Official

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Requesting Agency

**Examination Requirements** (Check appropriate boxes.)

In accordance with 74 O.S. 840-4.12, and the agency promotional plan filed with the Office of Personnel Management:

- No examination is required.
- This employee must pass an examination prescribed by the Office of Personnel Management for the proposed job.
  - A certificate of proficiency in typing (OPM-87) issued within the past twelve months is attached.
  - This employee has passed the written examination for the proposed job within the past four years. (Attach a copy of the passing notice.)

**DO NOT WRITE BELOW THIS LINE**

- Rejected Reason: \_\_\_\_\_
- Returned \_\_\_\_\_
- Approved - Meets minimum requirements.

- No test required - Reason: \_\_\_\_\_
- Test required:

\_\_\_\_\_  
Recruitment Division Date

| Code  | Date Taken | Converted Score |
|-------|------------|-----------------|
| _____ | _____      | _____           |
| _____ | _____      | _____           |

Passed/Failed (Circle one)

for Oscar B. Jackson, Jr., Administrator

\_\_\_\_\_  
Recruitment Division/Test Administration Date

**Please submit to OPM in Duplicate**