



APPENDIX A

TDOT APPLICATION FOR CE MASTERS PROGRAM

I. IDENTIFYING INFORMATION

1. Applicant's Name _____
First Middle Last

2. Job Assignment:

a. Position Title _____

b. Department ID Number _____

c. Work Phone _____

d. Employee Identification Number _____

3. Service:

a. Total Service with Department of Transportation _____

b. Total Service with State of Tennessee (If Different) _____

4. Job Performance Evaluation:

a. Date of Last Evaluation _____

b. Current Overall Performance Evaluation Score _____

APPROVAL

Applicant's Signature Date Title

Unit Supervisor's Signature Date Title

Division/Regional Director's Signature Date Title

Commissioner's Signature Date