



Managerial/Confidential Merit Increase Recommendation Form

Name: _____ POS#: _____

Payroll Title: _____ Curent FTE: _____

Functional Title: _____

Department: _____ Category: _____

INCREASE WILL NOT BE PROCESSED IF AN EVALUATION HAS NOT BEEN SUBMITTED TO HUMAN RESOURCES.

MERIT INCREASE RECOMMENDATION:

Current Full Time Salary	_____	Performance Rating	_____
Merit Increase (Full annual)	\$ _____	Increase as Percentage	_____ %
New Full Time salary	\$ _____		_____ %
Effective Date			

MODIFICATION by DEPARTMENT HEAD (IF APPLICABLE)

Current Full Time Salary	_____		
Merit Increase (Full annual)	\$ _____	Increase as Percentage	_____ %
New Salary	\$ _____		_____ %
Effective Date			

APPROVAL SIGNATURES

Manager Date

Department Head Date

Division Head Date