

**Department of Culture, Recreation and Tourism**  
**Merit Increase Consideration Form**

**AGENCY/ SECTION:**

Employee's Personnel #	Employee's Last name	Employee's First Name	Bi-Weekly Salary	Proposed Bi-Weekly Salary	PS Grp Max	Merit Date

**PPR Final Score:** \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_

Poor (Ineligible for Merit Increase)  
 Needs Improvement (Ineligible for Merit Increase)  
 Meets Requirements  
 Exceeds Requirements  
 Outstanding

**APPROVE** - *I certify that this employee has met the required standards for receipt of a merit increase in accordance with Civil Service Rules 6.14.*

**RECONSIDER IN \_\_\_\_ DAYS** - *I recommend this employee's merit increase be reconsidered for the following reason:*

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**DISAPPROVE** - *I certify that this employee failed to meet the required standards of work during the evaluation period and hereby deny the merit increase.*

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Supervisor

Date

Appointing Authority

Date