

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:*

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

 Supervisor

 Date

 Appointing Authority

 Date