

REQUEST FOR INCREMENT PREVIOUSLY DENIED

NEW JERSEY DEPARTMENT OF PERSONNEL

The following employee has been denied an anniversary date increment but the performance has subsequently improved for at least 90 days and a granting of increment is being requested.	
Employee Name:	Social Security Number:
Anniversary Date:	Title:
Requesting Appointing Authority and Address:	
Supervisor Name:	Division / Work Location:
APPROVED BY APPOINTING AUTHORITY PAR COORDINATOR	
DATE:	
Send to: Department of Personnel, PAR Unit, PO Box 319, Trenton, NJ 08625-0319 Fax 609-943-4849	

PAR UNIT	
Date Received:	Date Approved:
<ul style="list-style-type: none"> ● Appointing Authority has met all the requirements for granting of the increment previously denied for the above named employee. 	
SIGNATURE: _____	DATE: _____
<i>Department of Personnel Representative PAR Unit</i>	

PMIS UNIT	
NOTE: An appointing authority may request an anniversary date increment for an employee who was denied an increment because of receiving an Unsatisfactory rating but whose performance has subsequently improved. If approved by the Department of Personnel, such increment shall not be effective until a pay period beginning at least 90 days after the employee's anniversary date.	
Date Received:	Date Approved In PMIS:
Request Number:	Effective Date:
SIGNATURE: _____	DATE: _____
<i>Department of Personnel Representative, PMIS UNIT</i>	
COMMENTS:	