## **RECOMMENDATION FOR STAFF MERIT INCREASE ABOVE 5% - FY 2018**

DEPARTMENT HEAD: DIVISION VICE PRESIDENT: DATE OF PERFORMANCE REVIEW: ALPHA RATING (ex. good):  1. Describe how this employee has exceeded performance expectations and contributed to the accomplishment of departmental goals in support of University strategic goals AND additional justification for greater than 5% merit.  2. Specify the percentage and salary increase requested (ex. 5.2%, \$1,250):  Approval for greater than 5% increase:  Department Head/Dean Signature Date  Denied: If denied, percentage merit and dollar amount of salary increase approved by V.P.:  Approved:  Division Vice President Signature Date  Date  President Signature Date  1. Despective of the percentage merit and dollar amount of salary increase approved by V.P.:  Date  Date	EMPLOYEE NAME:	EMPL ID #:		
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President Signature Date  3. In addition to completing this form, you must update the Excel spreadsheet provided to you. (see FY 2018 met	Approved:			
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	President Signature		Date	
4. Routing instructions: If the requested percentage is:	Division Vice President Signature  President Signature  3. In addition to completing this form, you mu		Date	
Greater than 5% Forward to Division Vice President who will forward to President, then		entage is:		

FY '18 Staff Merit Page 1 of 1