

Merit Increase Request
for Non-Exempt
Employees



Note: *Ensure that employee’s annual performance review (or evaluation) has been forwarded to Human Resources prior to completing this form.*

Request Information:

Employee’s Name: _____

Did the employee achieve a rating of “meets standard” (or *satisfactory*) in their overall annual performance rating? *Employees with a rating below the standard are ineligible for advancement to the next higher step of the range or longevity step.* Yes No

Current Grade Current Step New Step Employee’s Anniversary Date

Acknowledgements:

Department Head’s Name (Print) Signature Date

This request is:

- 1. In accordance with County policy and is approved for implementation by payroll.
- 2. Not in accordance with County policy and is rejected.

County Manager’s Name (Print) Signature Date

Merit Increase Information:

Effective Date of Merit Increase Range Maximum Reached? Yes No

Retroactive Amount (if applicable) New Biweekly Rate New Hourly Rate

Acknowledgement:

Payroll Technician’s Name (Print) Signature Date

Forward completed document to Human Resources for placement in employee’s personnel file.