



**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                      Merit Increase (Percentage)                      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.*