

SALARY MERIT ADDENDUM

Empl. Name:	Empl. ID #:
Empl. Name.	Empl. ID π .
Department and OPR #:	Job Title:
Department and Of $K \pi$.	500 The.
Supervisor Name:	Evaluation Period
Supervisor (unic.	
	From: To:

We have reviewed the job description and:

□ No changes to job description (i.e. current job	□ Changes to job description are necessary. <i>If checked</i> ,
description is accurate)	revised job description must be sent to the management
	center HR office within one month.

Does Employee participate in the Staff Hybrid	Based on performance, employee is eligible to	
Work Program?	continue the Staff Hybrid Work Program?	
□ Yes □ No # Days per week	□ Yes □ No	

Exceptional	Consistently exceeded expectations
Highly Effective	Often exceeded expectations
Successful	Generally met, though occasionally may have exceeded or failed to meet, expectations
Needs Improvement	Did not generally meet, though occasionally may have met, expectations
Unsatisfactory	Usually below or failed to meet expectations A PCA is required - contact HR

Current Salary	Salary Grade	Quartile
\$		
Proposed Raise Percentage	Proposed New Salary	Effective Date
%	\$	

Employee is aware that the proposed raise is not final and may be revised by the department's Management Center or the university based on budget or policy.

Employee Signature Date		Supervisor Signature	Date
Signature is an expectation; acknowledges	receipt only		
Approval Signature	Date	Management Center Signature	Date
3 1		l Review. The entire Annual Review - P essment, if applicable) - should be forw	
	Reco	rds Office.	