

Attachment 2
MERIT INCREASE RATING FORM

Employee #:	Employee Name:		
Job Title:			Dept.:
Appraisal Period:	to	Date of Rating:	

SOURCE OF RATING

SOURCE*	% WEIGHT PER SOURCE
Performance Feedback Summary Rating	
Work Plan Goals and Objectives Rating	

*At end of the appraisal period, ensure source and % weight are consistent with the notification provided to employee previously in the appraisal period.

MERIT INCREASE RATING*

Column 1	Column 2	Column 3	Column 4
SOURCE	% WEIGHT	OVERALL RATING PER SOURCE (1-4)	WEIGHTED RATING (column 2 X's column 3)
Performance Feedback Summary Rating			
Work Plan Goals and Objectives Rating			
MERIT INCREASE RATING (Sum of Column 4)			**

*Attach completed rating forms for each source utilized.

**Merit Increase Rating below 2.6 is not eligible for a merit increase. Written documentation is required for merit increase ratings of 1 or 4.

 Employee Signature / Date

 Immediate Supervisor Signature /

 Department Director Signature / Date

Employee Comments:	Supervisor Comments:
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