TEXAS DEPARTMENT OF CRIMINAL JUSTICE RECOMMENDATION FOR MERIT SALARY INCREASE

Empl	oyee N	ame:	Month/Day of Birth:				
	Please	Print: Last	First	MI	•	mm/dd	
Payro	oll Title	: <u> </u>	Mos. of State Servic	e:	Unit or Dept.:		
Current Salary Group and Salary Rate:			Requested Salary Ra (round up to next who salary rate)	Rate: Percentage Increase: nole dollar, may not exceed the maximum			
П	a)	Holds a Salary Schedule A or B position.					
	b)	Employed with the TDCJ for at least 36 continuous months since most recent hire date and has held current position for at					
	c)	Not on disciplinary probation.					
	d)	Is not eligible to receive a promotion	gible to receive a promotion or step adjustment in the career path or career ladder system.				
	e)	Is not performing a temporary assignment for which a salary rate increase has been authorized by the executive director PD-93, "Position Classification Review."					
	f)	Within the last six months, has not: been promoted, to include a career path promotion, received an advancement through a career ladder system, received a merit salary increase, or received an enhanced compensation award authorized by the <i>General Appropriations Act</i> , been demoted, or received a position upgrade through a reclassification which resulted in a salary rate increase.					
	g)	Current salary rate is below the maximum salary rate of the employee's salary group.					
	h)	The employee's current annual performance evaluation includes: 1) a minimum rating of "somewhat exceeds standards" in all areas evaluated, including the supervisory functions area if the employee is a supervisor;					
		 a rating of "exceeds standar an indication that the emplo Current annual performance eva may also be provided. 	yee adheres to ED-10.61	"TDCJ Safe	ty Policy."		
		partment Head, or Parole Assistant lanted Name)	Regional	Signature		Date (mm/dd/yyyy)	
Regio	onal Dir	ector/Manager Approval:					
Nogn	mur Dii	ector/wanager ripprovar.	Signature			Date (mm/dd/yyyy)	
Division Director Approval:							
		**	Signature			Date (mm/dd/yyyy)	
		urces Director					
Confirmation of Eligibility:			Signature			Date (mm/dd/yyyy)	
		ial Officer of Budget Availability:					
Com	iiiiatioi	of Budget Avanaointy.	Signature			Date (mm/dd/yyyy)	
		Payroll Effective Da	_	n or After Shall be on first calendar day of a month.			
Exec	utive D	rector Approval:	Signature			Date (mm/dd/yyyy)	
			Signature			Date (min/dd/yyyy)	