

SALARY INCREMENT FORM

This form is to be completed by the Department Head and the **white** copy sent to the Department of Personnel and Civil Service Commission and the **yellow** copy maintained by the department.

EMPLOYEE _____ CLOCK NO. _____

TITLE _____ DEPARTMENT _____

SOCIAL SECURITY NO. _____ START DATE IN POSITION _____

CURRENT STEP/GRADE _____ NEW STEP/GRADE _____

The above employee has maintained satisfactory progress for 8 mos. _____
16 mos. _____ 24 mos. _____, and is to receive a one step
increase effective _____.

OR

The above employee has maintained satisfactory performance for his/her 90 day trial period and is to receive a one step increase effective _____.

SIGNATURE _____ DATE _____

Department Head