

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
RECOMMENDATION FOR MERIT SALARY INCREASE**

Employee Name: _____ Month/Date of Birth: _____
Please Print: Last First MI mm/dd

Payroll Title: _____ Mos. of State Service: _____ Unit/Dept.: _____

Current Salary Group and Salary Rate: _____ Requested Salary Rate: _____ Percentage Increase: _____
(round up to next whole dollar, may not exceed the maximum salary rate)

- 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 least six continuous months.
- c) Not on disciplinary probation.
- d) Is not eligible 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 (See 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 *General Appropriations Act*, 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;
 - 2) a rating of "exceeds standards" in at least 50% of the areas considered essential functions; and
 - 3) an indication that the employee adheres to ED-10.61, "TDCJ Safety Policy."**(Current annual performance evaluation must be attached.** Additional documentation of how the employee meets the criteria may also be provided.)

 Warden/Department Head/Parole Assistant Regional Director (Printed Name) Signature Date (mm/dd/yyyy)

Regional Director/Manager Approval: _____
Signature Date (mm/dd/yyyy)

Division Director Approval: _____
Signature Date (mm/dd/yyyy)

Human Resources Director Confirmation of Eligibility: _____
Signature Date (mm/dd/yyyy)

Chief Financial Officer Confirmation of Budget Availability: _____
Signature Date (mm/dd/yyyy)

Payroll Effective Date On or After _____ (Must be on first calendar day of a month.)

Executive Director Approval: _____
Signature Date (mm/dd/yyyy)