

CENTRAL STATE UNIVERSITY
MERIT AWARD FORM

Employee name _____ Date _____

Department _____ Job Title _____

Evaluation Period _____ Evaluator _____

DETERMINATION OF MERIT AWARD ELIGIBILITY

Has the employee met established goals and met an overall rating of "Often exceeds expectations" or above?

Yes _____ No _____ If no, then the employee is not eligible for a merit increase.

If yes, please check overall performance rating.

_____ Often exceeds expectations

_____ Consistently exceeds expectations

SIGNATURES

RECOMMENDED BY:

Direct supervisor _____ Date _____

REVIEWED BY:

Next level of authority above direct supervisor _____ Date _____

APPROVED BY:

Vice President/President _____ Date _____

Please submit original to Human Resources