



Merit Based Contingent Wage Supplement Transmittal Form

Name: _____

Date: _____

Present Job Title: _____

Present Position Number: _____

Please confirm employee has met the following criteria:

Yes

No

Employee is employed on date payment due:

High level job performance:

Attendance and punctuality meet agency standards:

Employee is current with training and refresher courses:

MS Approval: _____ Date: _____

MSM Approval: _____ Date: _____

Program Director Approval: _____ Date: _____

HR Approval: _____ Date: _____

<p>FOR PAYROLL/HUMAN RESOURCE USE ONLY</p> <p>Quarterly Merit Amount: _____</p> <p>Pay Check Date: _____</p>

<p>Route To: Payroll Department _____ Personnel File _____ Supervisor _____</p>
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