Tennessee State University

MERIT SALARY INCREASE FORM

TYPE: ☐ Faculty ☐ Management ☐ Prof/Admin ☐ Clerical/Support

Employee Name: _____ T#: _____

Department:_____ Hire Date: _____

FTE Percent: _____ Disciplinary Action: ☐ Yes ☐ No

Date of Performance Evaluation: _____ Overall Numerical Rating: _____

Give precise description of performance warranting consideration of merit pay. Attach current annual performance evaluation and all supporting documentation. Use additional sheet if necessary.

Recommended by:

_____
Department Head Date

_____
Dean (if applicable) Date

Approved by:

_____
Division Head Date

_____
President Date