

University of Maine at _____

Salaried Employee Assessment Verification Form

Employee Name: _____ EMPLID: _____

Job Title: _____

Based on the pattern of performance assessments for the last four years, this employee is rated:

less than satisfactory * (employee not eligible for an increase until successfully completing a Performance Improvement Plan)

* this rating must be supported by completed performance assessments

satisfactory (employee receives the 3 % increase)

no assessments on file (employee receives the 3 % increase)

extraordinary (employee is eligible for up to an **additional** 3% increase)

* Based on a pattern of extraordinary assessments over the four year rated period, the department recommends an increase above the initial 3% of ___ % (not to exceed 6 % in total).

** recommendation from the supervisor with Department Head review must be submitted to the CAO designee by April 15, 2008 for increases effective July 1, 2008.

Supervisor Signature: _____ Date: _____

* if the extraordinary rating box is checked, provide a brief statement of no more than 2 pages with supporting reasons for the rating and any increase less than 3 %:

Department Head Signature: _____ Date: _____

Date sent to the Chief Administrative Officer designee: _____

* Designee will only approve, amend or disapprove if an extraordinary performance increase has been recommended

As the designee, I:

approve the recommendation for an additional increase as submitted

approve the recommendation for an additional increase, but at ___ %.

disapprove of the recommendation for an increase

Chief Administrative Officer designee signature: _____ Date: _____

Date submitted to Campus Human Resources: _____