Merit Increase Form

Collision Damage Experts

Employee Name _____ Date ____/____/____

Location _____

Job Title _____ Manager Name _____

Please note a completed performance review must be on file in order for a Merit Pay Increase to be processed. In addition, the employee must have either worked one year to be eligible.

Current Pay Information	
Current Pay Rate:	Years Worked:

Proposed Merit Page Percentage Increase:	
Percentage:	Proposed Pay Rate:

Please justify the reason for increasing this employee's pay rate:

_____

_____

_____

_____

I understand that this is just a request, this request will be reviewed and you will receive an answer within one business week.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Approval Signature: _____ Date: _____