

90-Day Red Circle Rate Request

Employee Name: _____

Special CEA Class Title or indicate "CEA BAND": _____

Current CEA Salary Rate: \$ _____

Minus One Step: \$ _____

Date of Termination (COB): _____

Pursuant to Department of Personnel Administration (DPA) Rule 599.988, a 90-day red circle rate is approved for the above employee based on the following criteria:

- 1. The termination is not based on unsatisfactory performance.**
- 2. The employee has at least ten years of total State service. and**
- 3. The employee has at least one year of total CEA service.**

The 90-day red circle rate is five percent below his/her current CEA salary.

Approved: _____
(Signature) (Date)