

SECTION 1 - TYPE OF ADJUSTMENT

- MERIT SALARY ADJUSTMENT (MSA)
- SPECIAL IN GRADE SALARY ADJUSTMENT (SISA)
- RANGE CHANGE FROM RANGE TO RANGE

SECTION 2 - EFFECTIVE DATE OF ADJUSTMENT

MONTH YEAR (YYYY)

SECTION 3 - EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	ABMS NUMBER
CBID	POSITION NUMBER		

SECTION 4 - EMPLOYEE'S PERFORMANCE RATING

I certify that the employee identified above:

Meets the level of quality and quantity expected by the Agency at this stage of an employee's experience in the position. Therefore, I recommend that the employee be granted the salary adjustment indicated above.

DOES NOT meet the level of quality and quantity expected by the Agency at this stage of an employee's experience in the position. Therefore, I recommend that the employee **NOT BE** granted the salary adjustment indicated above.

Note: It is required that employees denied an MSA, SISA, or Range Change be notified in writing. Submit a copy of the written notification along with this completed DGS OHR 609 to the Office of Human Resources.

For Intermittent Employees Only

Please enter the date the employee met the criteria for the selected adjustment as described below:

- MSA; date employee completed 1920 hours:
- SISA; date employee completed 960 hours:
- Range Change; date employee met alternate range criteria:

SECTION 5 - COMMENTS

SECTION 6 - SUPERVISOR CERTIFICATION

SUPERVISOR FULL NAME	SUPERVISOR SIGNATURE	DATE
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