

SUPERVISOR CERTIFICATION OF SALARY ADJUSTMENT

DGS OHR 609 (Rev. 8/14)

TYPE OF ADJUSTMENT**EFFECTIVE DATE**

- MERIT SALARY ADJUSTMENT (MSA)
- SPECIAL IN-GRADE SALARY ADJUSTMENT (SISA)

RANGE CHANGE FROM _____ TO RANGE _____

ABMS NUMBER	EMPLOYEE	CBID	POSITION NUMBER

EMPLOYEE'S PERFORMANCE RATING

- 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 form GS 609 to Office of Human Resources.

FOR INTERMITTENT EMPLOYEES ONLY: Please enter date the employee met the criteria for the adjustment as described below:	DATE
• MSA - Date completed 1920 hours	
• SISA - Date completed 960 hours	
• RANGE CHANGE - Date employee met alternate range criteria	

COMMENTS**SUPERVISOR CERTIFICATION**

SUPERVISOR SIGNATURE



DATE