



**JUSTIFICATION FOR DISCRETIONARY MERIT, EQUITY, OR RETENTION AWARD (DMC/DERA)**

<b>AGENCY:</b>		<b>EMPLOYEE NAME:</b>		<b>EMPLOYEE ID#</b>		<b>CLASSIFICATION TITLE:</b>		<b>PAY SCHEDULE &amp; RANGE:</b>		
<b>CRITERIA (Choose One Only)</b>						<b>JUSTIFICATION</b>	<b>INCREASE AMOUNT</b>	<b>NUMBER OF WRPS OR EQUIVALENT</b>		
<b>Merit:</b> Employee recognition for superior or meritorious performance. Justification should be supported by criteria outlined in Section J, 2.00(5) of the Compensation Plan.						Provide on page 2 of this document or attach				
<b>Pay Equity:</b> Justification should be supported by criteria outlined in Section I, 6.00(6) of the Compensation Plan.						Provide on page 2 of this document or attach				
<b>Retention:</b> Retention DMC/DERA will only be approved if the employee has a job offer in hand and the resultant loss of the employee's knowledge and experience would be a detriment to the agency. Retention DMC/DERA will not be approved for potential movements within an agency or to another executive branch, non-UW agency.						Provide on page 2 of this document or attach				
<b>DMC/DERA RECOMMENDATION</b>										
<b>Old Base Salary</b>		<b>New Base Salary</b>		<b>Funding Source(s):</b>		<b>Award Effective Date:</b>		<b># Prior WRPS in Same FY:</b>		
								<b>Broadband PUA in last 12 months:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes    Effective Date:		
<b>Supervisor:</b>		<b>PRINT and SIGN</b>		<b>Date:</b>		<b>Cdr/Dir/Administrator:</b>		<b>PRINT and SIGN</b>		
								<b>Human Resources:</b>		
								<b>Date:</b>		
								<b>Budget &amp; Finance:</b>		
<b>AGENCY HEAD APPROVAL (signature):</b>				<input type="checkbox"/> <b>APPROVED:</b> Base Pay Adjustment:				<input type="checkbox"/> <b>DENIED</b> Lump Sum:		<b>DATE:</b>
<b>DPM APPROVAL:</b>				<input type="checkbox"/> <b>APPROVED:</b> Base Pay Adjustment:				<input type="checkbox"/> <b>DENIED</b> Lump Sum:		<b>DATE:</b>
<b>AGENCY CONTACT NAME:</b>						<b>CONTACT PHONE NO:</b>				

**JUSTIFICATION:**

**PERFORMANCE CRITERIA (Check all that apply):**

- Employee is not serving the first 12 months of an original probationary period on the award effective date
- Employee received satisfactory performance evaluation within last 12 months
- Employee has not received any form of formal discipline in the past 24 months
- Employee is a supervisor and has completed required performance evaluations for all subordinates

**JUSTIFICATION NARRATIVE (Provide specifics and supporting documentation below):**

## INSTRUCTIONS FOR DMC/DERA JUSTIFICATION FORM COMPLETION

All areas of the form *must* be completed by the agency; incomplete forms will be returned to the sending agency for completion and resubmittal. Below is the list of boxes contained on this DMC/DERA form with instructions for completion.

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1. **Agency** -- Agency name or agency acronym
2. **Employee Name** – Employee last name, first name, and middle initial
3. **Employee ID#** -- Employee identification number
4. **Classification Title** – Employee’s full classification title (not working title); position title for unclassified employees
5. **Pay Schedule & Range** -- Numerical pay schedule and range
6. **Increase Amount** – Amount to be provided as a lump sum payment or the base pay increase amount
7. **Number of WRPS or Equivalent** - Calculate the number of Within Range Pay Steps (WRPS) or equivalent. For lump sum awards, calculate the number of WRPS by dividing the award by 2080, then divide that amount by the applicable WRPS amount from the pay schedule (or 3% of minimum for pay ranges not having a listed WRPS).
8. **Old Base Salary** – Employee’s base pay rate prior to the award
9. **New Base Salary** -- Employee’s base pay rate after the award (please include even if the award is a lump sum payment)
10. **Funding Source(s)** -- List source(s) of agency funds used to pay for the DMC/DERA, e.g., GPR, PRO, SEG, etc.
11. **Award Effective Date** – Show the first day of the pay period following the “effective date of receipt by agency” as the effective date.
12. **# of Prior WRPS in Same FY** – Show total WRPS of any previous DMC or DERA, whichever is applicable, in the same fiscal year.
13. **Broadband PUA in last 12 months** – Show any broadband appointment date(s) in last twelve months, even if pay did not change. Leave space blank if no appointment in past 12 months.
14. **Recommended By; Cdr/Dir/Division Administrator Approval; Human Resources & Budget and Finance Approval** -- This yellow-shaded area may be modified consistent with the agency’s internal approval process.
15. **Agency Head Approval** -- Appointing Authority or designee (Deputy or Executive Assistant only): This signature line may not be modified and every DMC/DERA recommendation form must include this signature.
16. **DPM Approved/Denied** -- DPM completes
17. **Agency Contact Name** – Identify agency staff who will respond to DPM questions about the DMC recommendation and to whom DPM’s review results will be returned.

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18. **Performance Criteria** – Check each box as applicable. All DMC/DERA recommendations must show that the employee has had a satisfactory performance evaluation in the past 12 months, is not serving the first 12 months of an original probationary period, and does not have any form of formal discipline in the past 24 months which was not subsequently overturned through a grievance process. If the employee is a supervisor, the employee must have completed required performance evaluations for all subordinates.
19. **Justification** -- Provide narrative supporting the merit, equity, or retention award. Documentation may be provided as an attachment.