

MANAGER'S VERIFICATION OF PERFORMANCE ENHANCED SALARY INCREASES

Manager's Directions: Only complete Section B if there were no available opportunities afforded to the MBU under Section A. Please answer each question below with a check mark under either "Y" for yes or "N" for no in each column. Please also utilize the "PSSA Information Worksheet" to obtain the required information for Section A.

Employee Name: _____

Section A: Professional/Personal Growth and Contribution

Increase of .25% to Base

(Y) (N)

1	Has employee volunteered for 2 on or off campus events that are formally sponsored or endorsed by the University from July 1, 2014 through June 30, 2015?		
2	Has employee participated in at least 1 University offered technology application competency (technology related training) from July 1, 2014 through June 30, 2015?		

Increase of .25% to Base

(Y) (N)

1	Has employee participated in at least 2 supervisor authorized, professional development activities from July 1, 2014 through June 30, 2015?		
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Section B: University did not provide the minimum number of activities/opportunities in Section A

Increase of .75% to Base

(Y) (N)

1	Has employee been formally disciplined, in writing, from July 1, 2014 through June 30, 2015?		
2	Did employee seek and receive either an extended sick leave or an extraordinary leave of absence from July 1, 2014 through June 30, 2015?		
3	Has employee been on either Workers Compensation or Rhode Island TDI for more than 3 months from July 1, 2014 through June 30, 2015?		
4	Was employee promoted with an increase in salary base within 3 months prior to July 1, 2015?		
5	Did employee qualify for 1 personal day because he/she did not utilize more than 3 sick days from July 1, 2014 through June 30, 2015? (Note: if response is "Yes", then response to #3 is void so long as time out on worker's compensation is less than 4 months.)		

By signing below, I certify that the above information and information contained in the PSSA Information Worksheet is accurate and correct.

Manager Print Name

Manager's signature

Date

For HR Only: HR Review _____ (initials)

Total Increase % _____

Manager's Directions: You may provide this worksheet to the professional support staff employee to assist you with obtaining the necessary information. The employee may attach a copy of the paperwork verifying attendance of event/activity/program or obtain a signature from the responsible area that is providing/coordinating the event/activity/program. This worksheet must accompany the Manager's Verification of Performance Enhanced Salary Increase Form with your signature. By providing this information to HR, the manager is attesting that all information provided is correctly reported and accurate from the period from July 1, 2014 to June 30, 2015.

1) University Offered/Sponsored Volunteer Event Name: _____

Confirmed
Attendance:

Sponsored
Area Signature

Event Date: _____ Length of time: _____

Describe duties performed: _____

2) University Offered/Sponsored Volunteer Event Name: _____

Confirmed
Attendance:

Sponsored
Area Signature

Event Date: _____ Length of time: _____

Describe duties performed: _____

3) Technology Related Training Program : _____

Confirmed
Attendance:

Sponsored
Area Signature

Program Date: _____

How does this technology related training enhance job duties: _____

4) Professional Development Activity Name: _____

Confirmed
Attendance:

Sponsored
Area Signature

Program Date: _____

How does this activity enhance job duties: _____

5) Professional Development Activity Name: _____

Confirmed
Attendance:

Sponsored
Area Signature

Program Date: _____

How does this activity enhance job duties: _____