



Annual Merit Leave Recommendation for Supervisors, Managers and Officers

Evaluation Period From: _____	To: _____
Employee's Name: _____	
Position Title: _____	Org. Unit: _____
Supervisor's Name: _____	Date: _____

Overall Performance Assessment (Check one only):

<u>Performance Evaluation</u>	<u>Recommended Award</u>
<input type="checkbox"/> Exceeds Expectations	4-6 days
<input type="checkbox"/> Meets Expectations	1-4 days
<input type="checkbox"/> Sometimes Meets Expectations	0-1 days
<input type="checkbox"/> Does Not Meet Expectations	0 days

Recommended Merit Leave (0 – 6 days): _____

Supervisor's Comments:

Supervisor's Signature: _____ Date: _____

Business Unit Officer Comments:

Business Unit Officer Signature: _____ Date: _____