



## One-Time Merit Payment Approval Form

**INSTRUCTIONS** This form is used by departments to request the approval and payment of One-Time Merit Payments for eligible employees. One-Time Merit Payments are subject to procedures and guidelines outlined in System Regulation 31.01.01, System Regulation 31.01.08, University Rule 31.01.01.M5, and Standard Administrative Procedure 31.01.01.M5.02. **Department heads should begin the routing approval process in line 1 and forward for further review to the division's Vice President listed in line 4. Lines 2 and 3 may be used in the routing process where required. Additional documentation may be attached to this form. Submit the completed form with appropriate signature and approvals to Payroll Services for payment.**

Supervisor/Manager Name and Title		ADLOC Name	ADLOC Number
Employee Name and Title		Employee UIN	Employee PIN
Proposed Amount of One-Time Merit Payment (max \$5,000 gross)		Proposed Effective Date Sept. 1, 20__    March 1, 20__    Other _____	
Account Number	Support Account	Accounting Analysis	
Eligibility Criteria for One-Time Merit Payment (all boxes must be checked for employee to be eligible):			
<input type="checkbox"/> The employee has been employed with Texas A&M for the past six months immediately preceding the proposed effective date.			
<input type="checkbox"/> Six months have elapsed since the employee's last merit increase.			
<input type="checkbox"/> The employee has demonstrated meritorious performance evidenced by a "meets expectations" or "achieves" or higher overall rating on his or her most recent performance evaluation, or by successful completion of a special project of significant importance.			
Description of Performance Justifying the One-Time Merit Payment:			

I recommend the employee above for the award of a One-Time Merit Payment and have verified merit eligibility and proper procedures for such payment as provided in applicable System Regulations, University Rules and Standard Administrative Procedure 31.01.01.M5.02.

Supervisor/Manager Signature _____		Date _____
1. Department Head / Director	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Department Head / Director Name (printed) _____	Department Head or designee signature _____	Date _____
2. Dean or other routing to VP (if applicable):	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Authorized Name (printed) _____	Authorized signature _____	Date _____
3. Additional routing to Vice President (if applicable):	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Authorized Name (printed) _____	Authorized signature _____	Date _____
4. Vice President	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Vice President or designee (printed) _____	Vice President or designee signature _____	Date _____

<p><b>SUBMIT FORM TO</b> Payroll Services General Services Complex, Suite 1201 MS 1261 <a href="mailto:payrollprocessing@tamu.edu">payrollprocessing@tamu.edu</a> FAX (979)845-4134</p>	<p><b>NEED HELP?</b> Classification &amp; Compensation (979) 845-4170 <a href="mailto:hrcomp@tamu.edu">hrcomp@tamu.edu</a></p>
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