



## 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. Attach the completed form with appropriate signature and approvals to the Request One-Time Payment business process in Workday to process the 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>HOW TO SUBMIT</b> Attach the completed form with appropriate signature and approvals to the Request One-Time Payment business process in Workday to process the payment.</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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