



# Salary Increase Certification

Employee Name	Job Title	Employee ID #
Department	Division	
Date started in position:	Step Eligibility Increase Date:	
Name of Supervisor Preparing this Certification:	Supervisor's Title:	

I confirm by this certification that the employee identified above:

	Yes	No
Has performed satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>
Has had no disciplinary actions during the year or pending	<input type="checkbox"/>	<input type="checkbox"/>
Should be granted their pay increase	<input type="checkbox"/>	<input type="checkbox"/>

If the response to any of the above is No, explain here:

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Level signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Skip this signature line if second level rater is the Department Director)

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Asst City Manager/City Manager

\*A minimum of two level reviews required  
All certifications must be reviewed by the Department Director or higher.