



JUSTIFICATION FOR DISCRETIONARY MERIT COMPENSATION (DMC) AWARD

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|--|------------------------|---|--|---|---|-------------------------------------|--------------|
| AGENCY: | | EMPLOYEE NAME: | | CLASSIFICATION TITLE: | | PAY SCHEDULE & RANGE: | |
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| CRITERIA | | | | JUSTIFICATION | INCREASE AMOUNT | NUMBER OF WRPS OR EQUIVALENT | |
| Merit: Employee recognition for superior or meritorious performance. Justifications should be supported by criteria outlined in Section J, 2.00(5) of the Compensation Plan. Retention: Justification should be supported by criteria outlined in Section J, 2.00(5) of the Compensation Plan | | | | Provide justification on page 2 of this document. | | | |
| DMC RECOMMENDATION | | | | | | | |
| Old Base Salary | New Base Salary | Funding Source(s): | DMC Effective Date: | # Prior WRPS in Same FY: | Broadband PUA in last 12 months: ___ No ___ Yes Effective Date: _____ | | |
| Recommended By (Supervisor): | Date: | Budget Approval (Funding approval only): | | Date: | Division Administrator Approval: | | Date: |
| | | | | | | | |
| AGENCY HEAD APPROVAL (signature): | | | _____ APPROVED: _____ DENIED Base Pay Adjustment: _____ Lump Sum: _____ | | | DATE: | |
| DPM APPROVAL: | | | _____ APPROVED: _____ DENIED Base Pay Adjustment: _____ Lump Sum: _____ | | | DATE: | |
| AGENCY CONTACT NAME: | | | | CONTACT PHONE NO: | | | |
| | | | | | | | |

JUSTIFICATION:

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| CRITERIA (Check all that apply): |
| <input type="checkbox"/> Merit <input type="checkbox"/> Employee received performance evaluation within last 12 months <input type="checkbox"/> Employee is a supervisor and has completed required performance evaluations for all subordinates |
| <input type="checkbox"/> Retention <input type="checkbox"/> Employee received performance evaluation within last 12 months <input type="checkbox"/> Employee is a supervisor and has completed required performance evaluations for all subordinates |
| JUSTIFICATION NARRATIVE (Provide specifics and supporting documentation below): |

INSTRUCTIONS FOR DMC JUSTIFICATION FORM COMPLETION

All areas of the form *must* be completed by the agency; incomplete forms will be returned to the sending agency for completion and resubmittal. Below is the list of boxes contained on this DMC form with instructions for completion.

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1. **Agency** – Agency name or agency acronym (including secondary level)
2. **Employee Name** – Employee last name, first name, and middle initial
3. **Classification Title** – Employees full classification title (not working title); position title for unclassified employees
4. **Pay Schedule & Range** - Numerical pay schedule and range
5. **Increase Amount** – Amount to be provided as a lump sum payment or the base increase amount
6. **Number of WRPS or Equivalent** - Calculate the number of Within Range Pay Steps (WRPS) equivalent for each DMC (base and/or lump sum) awarded. For lump sum awards, calculate the number of WRPS by dividing the award by 2080, then divide that amount by the applicable WRPS amount from the pay schedule (or 3% of minimum for pay ranges not having a listed WRPS).
7. **Old Base Salary** – Employee’s base pay rate prior to the DMC
8. **New Base Salary** - Employee’s base pay rate after the DMC
9. **Funding Sources** - List source(s) of agency funds used to pay for DMC, e.g., GPR, PRO, SEG, etc.
10. **DMC Effective Date** – Show the first day of the pay period following the “effective date of receipt by agency” as the DMC effective date.
11. **# of Prior WRPS in Same FY** – Show total WRPS of any previous DMC in the same fiscal year.
12. **PUA in last 12 months** – Show any broadband appointment date(s) in last twelve months, even if pay did not change. Leave space blank if no appointment in past 12 months.
13. **Recommended By; Budget Approval; Division Administrator Approval** - This yellow shaded area may be modified consistent with the agency’s internal approval process. **Agency Head Approved/Denied** - Appointing Authority or designee (Deputy or Executive Assistant only): This signature line may not be modified and every DMC recommendation form must include this signature.
14. **DPM Approved/Denied** - DPM completes
15. **Agency Contact Name** – Identify agency staff who will respond to DPM questions about the DMC recommendation and to whom DPM’s review results will be returned.

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16. **Criteria** - Place an X next to merit criteria. All DMC recommendations must show that the employee has had a performance evaluation in the past 12 months, and if the employee is a supervisor, the employee must have completed required performance evaluations for all subordinates (check boxes to confirm these statements).
17. **Justification** - Provide narrative supporting the merit award. Documentation may be provided as an attachment.
18. **Submit the completed and approved DMC Justification form, along with the DMC/DERA Report spreadsheet form** to the DPM BCLR DMC-DERA Request mailbox at [DOA DPM BCLR DMC-DERA Requests@wisconsin.gov](mailto:DOA_DPM_BCLR_DMC-DERA_Requests@wisconsin.gov).
19. **Payroll Processing of DMC Lump Sums** - Prior to entering the DMC lump sum amount into the payroll system, the DOA Central Payroll system requires documentation of DPM approval. As documentation, agencies may either: (1) Attach the *first page* of the DPM-approved (signed) DMC Justification Form or (2) attach a DPM DMC approval e-mail that includes the employee name(s) and lump sum amount(s).