

2019 - Employee Incentive/Merit Pay Form (January 1, 2019 - October 31, 2019)

Employee Name:	Date:
Use this form to provide documentation of meeting one or more of the Pay Program. Employees may attach a separate sheet with supplementation of enough.	
1. PROFESSIONAL DEVELOPMENT & EMPLOYEE COMMUNICATI Twelve (12) hours of manager/supervisor approved job-related training and	
Training Name:	Hours Completed:
Supervisor (sign):	Total Hours:
AND attend at least two (2) of the district-wide internal communication ex	vents:
Event Attended:	
1.	
2.	
HR Verified (sign):	
2. COMMUNITY INVOLVEMENT: Employees must participate in at least <u>sixteen (16) hours</u> for the year in <u>two</u>	vo (2) or more approved outreach activities
Community Outreach Activity:	Hours Completed:

Employee Incentive/Merit Pay Form (*continued***)**

Community Outreach Activity (continu	ied):		Hours Completed	
	_			
	Attach a separate sheet if addition	nal space is needed.	Total Hours:	
ONATION OF PERSONAL FUNDS: mployees must demonstrate donation of nless donation was through payroll deduc		fit organization. <i>I</i>	Please attach recei _l	
Organization:		Amou	Amount:	
		. Total /	Amount:	
	provided to communicate to our customers	s the utility-wide impo	act on our community.	
certified this information is true and co incentive program:	rrect and will be relied upon by n	ny employer to a	dminister the emp	
Employee Signature				
For Official Use Only: Utility Goal: RP3	3 Utility Goal: Clean Audit	✓ Utility Goal:	GFOA Award	
Incentive Earned:		Proces	sed by:	
1 Day PTO				
2 Days PTO				