



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Human Resources

REQUEST FOR QUALITY INCREASE

Part I - Instructions (Agency)

- 1. Only employees who have received an official performance rating of "Highly Effective Performer" (Level 4) or "Role Model" (Level 5) under the Performance Management Program (PMP); "Outstanding" or "Excellent" under the Performance Evaluation System (PES-LS) for line attorneys in the Legal Service; or an equivalent performance evaluation system are eligible to receive a Quality Increase.
2. Complete items 1 through 7 below.
3. Submit this form, a copy of the employee's rating for the period of the proposed Quality Increase, supporting documentation for the rating, and a written justification for the proposed Quality Increase (Part II of this form), to the D.C. Department of Human Resources (DCHR) for agencies under the personnel authority of the Mayor.

1. Department or Agency:
Agency Head or Designee (Signature) Date

2. Name of Employee:
Last First MI

3. Present Position Title, Series, Grade and Step, and Salary:
Position Title, Series, Grade, and Step
\$ Salary

4. Proposed New Step and Salary:
New Step \$ New Salary

4. Type of Service\* for the Employee's Position:
[ ] Career [ ] Educational [ ] Legal (Other than the Senior Executive Attorney Service)

[\*An employee in the Excepted Service, Executive Service, or Management Supervisory Service is not eligible to receive a Quality Increase]

5. Most Recent Official Rating: (Specify Rating Period)
PMP:
[ ] Role Model
[ ] Highly Effective Performer
PES-LS:
[ ] Outstanding
[ ] Excellent

6. Has the employee received a Monetary Award\* under Chapter 19 of the D.C. personnel regulations, Incentive Awards, for the same rating period of the proposed Quality Increase?
[ ] Yes [ ] No
[\*An employee who has received a monetary award under Chapter 19 of the regulations for the same rating period of the proposed Quality Increase is not eligible to receive a Quality Increase.]

PERSONNEL AUTHORITY CERTIFICATION

[ ] Approved [ ] Disapproved\* [\*State reason: .]

Pertinent information verified by: Signature of Personnel Authority Official Date

**Part II – Written Justification**

In the space below, please describe the employee's performance contribution(s) and how such contribution(s) exceeded the satisfactory performance requirements of the position. Please cite specific examples of exceptional service: