

**WITHIN-GRADE INCREASE RECORD****PART I.**

1. NAME ( <i>Last, first, middle</i> )		2. SOCIAL SECURITY NO.		3. AGENCY CODE	4. PAY PLAN	14. WGI WAITING PERIOD BEGAN
5. OCCUP. SERV.	6. GRADE/STEP	7. PAY RATE DETERMINANT CODE	8. SALARY	9. DUTY STATION CODE		15. INT. DAYS IN PAY STATUS NO. DAYS AS OF (DATE)
10. OFFICIAL TITLE OF POSITION			11. PERS. POSITION NO.	12. STANDARD JOB NO.	16. EFF. DATE FOR WGI	
13. ORGANIZATION STRUCTURE CODE						17. WGI GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO

INSTRUCTIONS: The above employee will meet the time requirements for a WGI on the date shown in Block 16. Final eligibility for the WGI depends upon your determination as the employee's supervisor that the employee's performance is at an "acceptable level of competence." Please make sure that you keep a record of any discussions you hold with the employee on this WGI determination. This record will be important should the employee request reconsideration if the within-grade increase is withheld.

**LEVEL OF COMPETENCE DETERMINATION FOR WITHIN-GRADE INCREASE****PART II. To be completed, when applicable, by the employee's immediate supervisor not earlier than 2 weeks prior to the effective date.**

- AN ACCEPTABLE LEVEL OF COMPETENCE. I personally have considered the work of the above-named employee in terms of the essential work factors of the position occupied, and I certify that I find the employee's work to be of an acceptable level of competence within the meaning of 5 U.S.C. 5335.

SIGNATURE AND TITLE OF SUPERVISOR

DATE

**PART III. To be completed, when applicable, by the employee's immediate supervisor and the Reviewing Official.**

- NOT AN ACCEPTABLE LEVEL OF COMPETENCE. (Contact Personnel Office.) I personally have considered the work of the above-named employee in terms of the essential work factors of the position occupied, and I certify that it is not of an acceptable level of competence to establish eligibility for a within-grade increase.

SIGNATURE AND TITLE OF SUPERVISOR

DATE

- I have discussed fully the work of this employee with the supervisor whose signature appears above, and concur with the determination made.

SIGNATURE AND TITLE OF REVIEWING OFFICIAL

DATE

**RECONSIDERATION FINDINGS****PART IV. To be completed by an appropriate Agency Official should the employee request reconsideration.**

- The employee's performance during the specified waiting period met the acceptable level of competence requirement. The initial decision to withhold is hereby reversed. The within-grade pay increase should be effected on the original due date.
- The initial findings are sustained. The employee does not meet the acceptable level of competence requirement. Employee had been notified.

SIGNATURE AND TITLE OF REVIEWING OFFICIAL

DATE