

A. EMPLOYEE NAME

B. UIN

OF INCREASE

(MUST BE THE ( )Tj 0.004 Tc -0.004 Tw 0.265 0 Td (S)ALARY

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2. BUDGET INFORMATION

**BUDGET ADJUSTMENT MUST ACCOMPANY THIS FORM TO ENSURE PROMPT**

Describe the following:

- Criticality of retaining the employee
- Impact on agency operations should the employee leave
- Difficulty in replacing the employee's knowledge, skills, abilities, competencies
- Internal alimetl

