INSTRUCTIONS FOR DMC JUSTIFICATION FORM COMPLETION

The following items are to be completed by the supervisor, or the employee if self-nominating.
Please ensure that all requested information be completed and that the employee’s name is written on each page submitted.

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1. Employee Name – Employee last name, first name
2. Classification Title – Employees full classification title (not working title)
3. Pay Schedule & Range - Numerical pay schedule and range (see Alpha Listing of Job Classifications)
4. Increase Amount – Amount to be provided as a base increase amount and/or lump sum payment
5. Recommended by (Supervisor): Supervisor is to sign here.

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6. 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).
7. Justification Narrative - Provide specifics and supporting documentation. Documentation may be provided as an attachment. Ensure that the employee’s name is included on any attachments.

The following items are to be completed by Division Head/Human Resources

8. Funding Sources - List source of agency funds used to pay for DMC.
9. Current Base Salary – Employee’s base pay rate prior to the DMC
10. New Base Salary – Since this is a lump sum DMC, this will be the same salary as the Current Base Salary
11. DMC Effective Date – Show the first day of the pay period following the “effective date of receipt by agency” as the effective date of DMC.
12. Recommended By; Budget Approval; Division Administrator Approval; Agency Head Approved/Denied
13. Number of WRPS or Equivalent – This will be a 1, 2 or 3 unless funding did not provide a full WRPS. In that case, calculate the number of WRPS by dividing the award by 2088, then divide that amount by the applicable WRPS amount from the pay schedule.
14. Human Resources to submit the completed and approved form, along with the DMC Report spreadsheet form to the OSER DCLR DMC Request mailbox at OSER DCLR DMC-DERA Requests@wisconsin.gov.