A. EMPLOYEE NAME

B. UIN

OF INCREASE

(MUST BE THE()Tj 0.004 Tc -0.004 Tw 0.265 0 Td [(\$)(LARY

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 alimet

