STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DIVISION OF PERSONNEL MANAGEMENT
DOA-15332 (C07/2015)
WI HR HANDBOOK CHAPTER 552
PREVIOUSLY OSER-DCLR-224

COMPENSATION & LABOR RELATIONS
101 E. WILSON ST, 4TH FL
MADISON, WI 53703

# JUSTIFICATION FOR DISCRETIONARY EQUITY OR RETENTION ADJUSTMENT (DERA)

| AGENCY: | EMPLOYEE NAME: | CLASSIFICATION TITLE: | PAY SCHEDULE & RANGE: |
|---|---|---|---|
| | | | |

| CRITERIA (select only one criterion) | JUSTIFICATION | INCREASE AMOUNT | NUMBER OF WRPS OR EQUIVALENT |
|---|---|---|---|
| **Pay Equity:** Justifications should be supported by criteria outlined in Section I, 6.00(6) of the Compensation Plan. | Provide justification on page 2 of this document. | | |
| **Retention:** Justifications should be supported by criteria outlined in Section I, 6.00(6) of the Compensation Plan. | Provide justification on page 2 of this document. | | |

**DERA RECOMMENDATION**

| Old Base Salary | New Base Salary | Funding Source(s): | DERA Effective Date: | # Prior WRPS in Same FY: |
|---|---|---|---|---|
| | | | | |

| Recommended By (Supervisor): | Date: | Budget Approval (Funding approval only): | Date: | Division Administrator Approval: | Date: |
|---|---|---|---|---|---|
| | | | | | |

| AGENCY HEAD APPROVAL (signature): | _____ APPROVED: | _____ DENIED | DATE: |
|---|---|---|---|
| | Base Pay Adjustment: _____ | Lump Sum: _____ | |

| DPM APPROVAL: | _____ APPROVED: | _____ DENIED | DATE: |
|---|---|---|---|
| | Base Pay Adjustment: _____ | Lump Sum: _____ | |

| AGENCY CONTACT NAME: | CONTACT PHONE NO: |
|---|---|
| | |

**JUSTIFICATION:**

| **CRITERIA (Check all that apply):** |
| --- |
| _____ Pay Equity<br>_____ Employee received performance evaluation within last 12 months<br>_____ Employee is a supervisor and has completed required performance evaluations for all subordinates |
| _____ Retention<br>_____ Employee received performance evaluation within last 12 months<br>_____ Employee is a supervisor and has completed required performance evaluations for all subordinates |
| **JUSTIFICATION NARRATIVE (Provide specifics and supporting documentation below):** |

# INSTRUCTIONS FOR DERA JUSTIFICATION FORM COMPLETION

**All areas of the form *must* be completed by the agency; incomplete forms will be returned to the sending agency for completion and resubmittal. Below is the list of boxes contained on this DERA form with instructions for completion.**

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1. **Agency –**Agency name or agency acronym (including secondary level)
2. **Employee Name** – Employee last name, first name, and middle initial
3. **Classification Title –** Employees full classification title (not working title); position title for unclassified employees
4. **Pay Schedule & Range** - Numerical broadband pay schedule and range
5. **Increase Amount** –Amount to be provided as a lump sum payment or the base increase amount
6. **Number of WRPS or Equivalent -** Calculate the number of Within Range Pay Steps (WRPS) equivalent for each DERA (base and or lump sum) awarded. For lump sum awards, calculate the number of WRPS by dividing the award by 2080, then divide that amount by the applicable WRPS amount from the pay schedule (or 3% of minimum for pay ranges not having a listed WRPS).
7. **Old Base Salary** – Employee's base pay rate prior to the DERA
8. **New Base Salary -** Employee's base pay rate after the DERA
9. **Funding Sources** - List source(s) of agency funds used to pay for DERA, e.g., GPR, PRO, SEG, etc.
10. **DERA Effective Date** – Show the first day of the pay period following the "effective date of receipt by agency" as the DERA effective date.
11. **# of Prior WRPS in Same FY** – Show total WRPS of any previous DERA in the same fiscal year.
12. **Recommended By; Budget Approval; Division Administrator Approval** - This yellow shaded area may be modified consistent with the agency's internal approval process. **Agency Head Approved/Denied** - Appointing Authority or designee (Deputy or Executive Assistant only): This signature line may not be modified and every DERA recommendation form must include this signature.
13. **DPM Approved/Denied -** DPM completes
14. **Agency Contact Name** – Identify agency staff who will respond to DPM questions about the DERA recommendation and to whom DPM's review results will be returned.

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15. **Criteria -** Place an X next to applicable DERA criteria. **Individual DERA requests should be limited to either equity or retention.** All 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).
16. **Justification** - Provide specifics and supporting documentation as needed. Documentation may be provided as an attachment.
17. **Submit the completed and approved DERA Justification form, along with the DMC/DERA Report spreadsheet form** to the DERA Request mailbox at DOA DPM BCLR DMC-DERA Requests@wisconsin.gov.
18. **Payroll Processing of DERA Lump Sums -** Prior to entering the DERA lump sum amount into the payroll system, the DOA Central Payroll system requires documentation of DPM approval. As documentation, agencies may either: (1) Attach the ***first page*** of the DPM-approved (signed) DERA Justification Form or (2) attach a DPM DERA approval e-mail that includes the employee name(s) and lump sum amount(s).