

WINTHROP UNIVERSITY

Request for Salary Action

(Not for New Hires)

Department:		Today's date:	
Employee Name:		Requested Effective Date:	
Action Type (select all that apply)		Salary Information	
<input type="checkbox"/> Individual performance <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Retention <input type="checkbox"/> Reclassification <input type="checkbox"/> Exceptional Salary Increase (above 15%) <input type="checkbox"/> Additional Knowledge/Skills/Abilities <input type="checkbox"/> Additional Duties <input type="checkbox"/> Demotion: Voluntary or Involuntary (circle one)		Current Base Salary:	
		Requested Base Salary:	
		% Increase/Decrease:	
		Dollar Amount of Increase:	
		Source of funding increase (FOA):	
Attachments: <input type="checkbox"/> Position Description (required for additional duties and/or reclassification) <input type="checkbox"/> Other			
Justification for proposed salary:			
Supervisor Signature:		Date:	
Department Head Signature:		Date:	
Vice President Signature:		Date:	
To be completed by Budget			
Regular Position Fund/Org:		Amount:	Budget Position #:
Source of additional funding:		Amount:	
Available Funding Verified by:		Date:	
To be completed by Human Resources			
Current Class/Slot:		Winthrop Hire Date:	
Winthrop Average:		Other External Comparable Data, etc. (if applicable):	
State Average SCEIS):			
Higher Education Average (HRIS):			
CUPA Average (if applicable):		EPMS Rating (required for individual performance request):	
HR recommendation:			
Human Resources Signature:		Date:	
To be completed by Personnel Committee			
Personnel Committee Signature:		Date:	
Circle one: Approved Denied			