

WINTHROP UNIVERSITY

Request for Salary Action

(Not for New Hires)

Department:		Today's date:	
Employee Name:		Requested Effective Date:	
Action Type		Salary Information (other than Temporary Salary Adjustment)	
<input type="checkbox"/> Individual performance <input type="checkbox"/> Retention (offer letter must accompany this form) <input type="checkbox"/> Additional Duties <input type="checkbox"/> Equity <input type="checkbox"/> Temporary Salary Adjustment Begin Date: End Date: Total Amount: Percentage of Annual Salary: Source of Funding:	Current Base Salary: Requested Base Salary: % Increase/Decrease: Dollar Amount of Increase: Source of funding increase (FOA):		
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			
Winthrop Average:		Winthrop Hire Date:	
State Average:		EPMS Rating:	
Higher Ed Average:		SCEIS ID:	
CUPA Median:			
Sibson Market Data:			
HR recommendation:			
Human Resources Signature:		Date:	
To be completed by the President or his Designee			
Signature:		Date:	
Check One:		Approved	Denied