



SOUTH CAROLINA STATE UNIVERSITY

Personnel Action Request Form

New Hire		Promotion		Reclassification		Performance		Special Pay		
Reassignment/Transfer		Additional Duties		Temp Salary Adjust.		Retention		Salary Decrease		
LAST NAME			FIRST NAME			MI				
EMPLOYEE ID			DEPARTMENT							
CURRENT POSITION TITLE										
NEW POSITION TITLE					POSITION NUMBER					
CURRENT		CLASS CODE	SLOT		PAY BAND	INDEX NUMBER(S)		ACCT:		
NEW		CLASS CODE	SLOT		PAY BAND	INDEX NUMBER(S)		ACCT:		
SALARY MINIMUM:		\$	SALARY MIDPOINT			\$	SALARY MAX		\$	
CURRENT SALARY:		\$	REQUESTED SALARY			\$				
REQUESTED SALARY ABOVE MINIMUM: \$				REQUESTED SALARY ABOVE CURRENT SALARY: \$						
STATE SERVICE			SCSU SERVICE			JOB SERVICE				
START DATE					END DATE					
*** Temporary Salary Adjustments to not exceed six months from the start date ***										
Justification (attach additional sheet if necessary)										
ADMINISTRATIVE APPROVAL										
DEPARTMENT HEAD SIGNATURE								DATE		___/___/___
VP SIGNATURE								DATE		___/___/___
OTHER REQUIRED SIGNATURE								DATE		___/___/___
PRESIDENT SIGNATURE								DATE		___/___/___
BUDGET OFFICE ACTION										
BUDGET ANALYST SIGNATURE								DATE		___/___/___
BUDGET DIRECTOR SIGNATURE								DATE		___/___/___
FORWARD TO HUMAN RESOURCES								DATE		___/___/___
OFFICE OF HUMAN RESOURCE MANAGEMENT ACTION										
SCSU AVERAGE SALARY FOR CLASS						STATE AVERAGE FOR				
SCSU AVERAGE JOB SERVICE						STATE AVERAGE JOB				
SCSU AVERAGE STATE SERVICE						STATE AVERAGE STATE				
COMMENTS										
APPROVAL:		APPROVED SALARY:			EFFECTIVE DATE: ___/___/___					
SCSU HUMAN RESOURCES SIGNATURE								DATE		
STATE HUMAN RESOURCES SIGNATURE								DATE		