Reset Form

UNIVERSITY OF SOUTH CAROLINA

# Pay for Performance: Faculty

| To Be Completed by Department | | | | | |
|---|---|---|---|---|---|
| USC ID: | Name: (Last, First, Middle) | | | | Cls/Slt: |
| Title: | | | Position No.: | | Dept. No.: |
| Department: | | | | Date Last PFP Awarded: | |
| Basis: | Current: Base Salary: | | Supplement: | | Total: |
| Recommended Increase: Amount: | | | Percentage: | | |
| Proposed: Base Salary: | | | Supplement: | | Total: |
| Current 9 Mth Conversion Salary: | | | Proposed 9 Mth Conversion Salary: | | |

Briefly explain the reasons for the salary increase and/or the salary inequity that the increase is intended to correct:

## Pay for Performance Criteria

Two or more of the following criteria must be met. *Check all that apply.*

- ☐ Consistently outstanding teaching evaluations.
- ☐ Outstanding record of research, scholarship, or creative activity.
- ☐ Significant academic honors or awards from internal or external sources.
- ☐ To correct a salary inequity or salary compression within a department. Please attach supporting documentation.
- ☐ A significant record of public or professional service.
- ☐ Retention of an employee who has a bona fide job offer from an employer, either within or outside of state government.
- ☐ To address a job market discrepancy in the discipline, provided there is consistently high performance. Please attach supporting documentation.

## Accounting Information

| Department | Fund | Obj. Class | Analytical | FV | FSO | C | Percent | Amount |
|---|---|---|---|---|---|---|---|---|
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## Signatures

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|---|---|---|
| Dean: | | Date: |
| Provost: | | Date: |
| Vice President/Chancellor/President: | | Date: |
| Human Resources Review & Approval: | | Eff. Date: |
| Payroll: | Semi: Old: | Semi: New: |