

**CHARLESTON SOUTHERN UNIVERSITY  
PAY INCREASE REQUEST**

Position: \_\_\_\_\_ Name: \_\_\_\_\_ ID: \_\_\_\_\_

Department: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I. Base pay increase request: (attach justification)**

- Increase responsibilities (attach revised position description)
- Market conditions including counteroffers and retention due to specialized training
- Increase to resolve pay disparity considering education, experience or duties and responsibilities of other employees
- Approved career development programs
- Sustained superior performance

**II. One-time pay request: (attach justification).** This lump sum is discretionary and no overtime was earned or paid to the employee for the pay period during which this work occurred. The dates were:

**Beginning:** \_\_\_\_\_ **Ending:** \_\_\_\_\_

**Type of lump sum proposed:**

- Special project or assignment which is in addition to the employee's regularly assigned duties
- Documented significant increase in productivity or productivity goal achievement

---

**Position Information**

Monthly/Biweekly: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Pay Data**

Current Annual Rate: \_\_\_\_\_ Proposed Annual Rate: \_\_\_\_\_

Current BW/Monthly Rate: \_\_\_\_\_ Proposed BW/Monthly Rate: \_\_\_\_\_

% Increase/Decrease: \_\_\_\_\_ Lump Sum Payment: \_\_\_\_\_

Effective Date: \_\_\_\_\_

---

**ATTENTION:**

Supervisory and administrative signatures indicate support of the proposed action and that sufficient funds/rates are available.

**REQUIRED SIGNATURES:**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Director or Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Officer: \_\_\_\_\_ Date: \_\_\_\_\_

VP for Business Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_

---

**For Completion by Human Resources Upon Final Action:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Raise Effective Date: \_\_\_\_\_