# SOUTH CAROLINA MILITARY DEPARTMENT

## REQUEST FOR SALARY CHANGE

☐ New Hire ☐ Promotion ☐ Reclassification ☐ Performance
☐ Retention ☐ Revised Duties ☐ Salary Decrease ☐ Job Knowledge/Skills

Name: _____ SCEIS Personnel # or SSN: _____

Position Title: _____ Department: _____

Class Code/Slot: _____ Position Number: _____ Band: 01

Band Range: Minimum _____ Midpoint _____ Maximum _____

Current Salary: _____ Requested Salary: _____

% Above Minimum: 0% % Above Current Salary: 0%

State Service Date: _____ Agency Service Date: _____ Job Date: _____

Justification:

Minimum Requirements:

Attachments: ☐ Application/Resume ☐ Transcript ☐ Position Description
☐ Supporting Documentation ☐ Other

_____ _____
Department Authorized Signature Date

***For SHRO Use Only***

Agency Average for Class: _____ State Average for Class _____
Agency Average Job Service: _____ State Average Job Service _____
Agency Average State Service: _____ State Average State Service _____

Date Approved _____ Approved Salary _____ Effective Date _____
Date Disapproved _____
Comments:

_____ _____
Agency Authorized Signature Date

_____ _____
Dept of Admin Authorized Signature Date

Revised 16 May 2018