

SOUTH CAROLINA MILITARY DEPARTMENT

REQUEST FOR SALARY CHANGE

New Hire
Retention

Promotion
Revised Duties

Reclassification
Salary Decrease

Performance
Job Knowledge/Skills

Name: _____ SCEIS Personnel # or SSN: _____

Position Title: _____ Department: _____

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

Range: Minimum _____ Midpoint _____ Maximum _____

Current Salary: _____ Requested Salary: _____

% Above Minimum: _____ % Above Current Salary: _____

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