

PAY INCREASE APPROVAL REQUEST

School/Division/Department: _____

Employee Name: _____ Employee I.D. Number: _____

Job Title: _____ Job Code: _____ Level: _____

PROPOSED: Merit ___% Market Adjustment (not related to performance) ___%

Funding Source(s): _____

ATTACH THE FOLLOWING DOCUMENTS TO THIS FORM:

- 1) memo explaining the justification for the pay increase;
- 2) benchmarking information; and
- 3) pay increase template spreadsheet, found at www.usc.edu/dept/comp, listing all the compensation history of the incumbent for the last 3 to 5 years.

PROPOSED PAY INCREASE INFORMATION:

<u>Date</u>	<u>Reason for Increase</u>	<u>Current Base</u>	<u>Proposed Base</u>	<u>%Inc</u>	<u>Bonus</u>	<u>Other Comp</u>	<u>Total Comp</u>	<u>%Total Comp</u>

INITIATED BY (signatures):

Supervisor: _____ Title: _____ Date: _____

Supervisor's Supervisor _____ Title: _____ Date: _____

SCHOOL/DIVISION REVIEW AND RECOMMENDATION (See Staff Wage and Salary Guidelines for appropriate signature):

Signature: _____ Job Title: _____ Date: _____

PAY INCREASE REVIEW:

Up to and including 5% APPROVED: _____ DENIED: _____

Excess of 5% RECOMMENDED _____ NOT RECOMMENDED: _____

Compensation Representative: _____ Date: _____

PAY INCREASE REVIEW (Excess of 5%)

APPROVED: _____ DENIED: _____

Senior Vice President for Administration or Designee: _____ Date: _____

Provost and Sr. V. P. for Academic Affairs or Designee: _____ Date: _____