University of South Carolina Aiken

Pay for Performance: Staff

Department: _____ **Date:** _____

Contact Person: _____ **Email:** _____

Employee Name: _____ **USC ID:** _____

**Pay for Performance (PFP) must be in accordance with HR policies and procedures (HR 1.37) and PFP guidelines.*

Reason: (Staff receiving a pay for performance salary increase must meet 3 or more of the following criteria; please check all that apply & provide examples.)

Reason	Specific Examples
☐ A significant increase in service or productivity through innovation;	
☐ Demonstrated positive attitude and spirit of service and cooperation;	
☐ A record of exceptional service;	
☐ A substantial contribution to the goals of the unit through performance of special assignments or the provision of exceptional customer service not previously included in performance objectives;	
Required: A rating of "Successful" or above on the most recent performance appraisal within the last twelve months.	

Funding:

Amount	Percent of Distribution	Operating Unit (AK000)	Department	Fund Code	Account	Class

Approvals:

Director/Dean:	Date:
Vice Chancellor/EVCAA: _____	Date: _____
Current Salary: _____ Increase Amount: _____ % Inc: _____ New Proposed Salary: _____	
HR Review & Approval: _____	Effective Date: _____
Last EPMS Review Date: _____ Date Last PFP Awarded: _____	
Budget:	Date:
Chancellor:	Date: